M24000005279

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:





800427382968

04/10/24--01018--009 **125.00

4044 APR 10 PH 5:27

COVER LETTER

то:	Registration Section Division of Corpora			•
SUBJE	ECT:F	GK Investment FL. 1 Name (LC of Limited Liability Com	pany
				n to Transact Business in Florida," Certificate of liability company to transact business in Florida
Please	return all corresponder	ice concerning this matter to	the following:	
		Anne Marie Merrich	Name of Person	
		Churchill & Church	nill, P.C. Firm/Company	
		_1610_Fifth_Avenue	Address	
		Moline, IL 61265 Cit	y/State and Zip Code	
		amerrick@churchill E-mail address: (to be u	Lfirm.com used for future annual rep	ort notification)
For fur	ther information conce	rning this matter, please call:		
		ie Merrick ne of Contact Person	at (<u>309</u>) _ Area Code	762-3643 Daytime Telephone Number
	Mailing Address: Registration Secti Division of Corp. P.O. Box 6327 Tallahassee, FL 3	orations	Street Address: Registration Section Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Ilahassee Street, Suite 810
		for the following amount: ayable to: FLORIDA DEPA te	& 🔲 \$155.00 Filing	· ·

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabili	ty Company," "L.I.	. C," or "L	LC,")
Illinois 2.		92-2544729 3.			
(Jurisdiction under the law of w	bich foreign limited liability company is organized)	3(FEI number, i	f applicable)		
N/A					
4 .	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	gistration) c penalty liability)	<u> </u>		
2277 9th Avenue		2277 9th Avenue			
5. (Street Address of Principal Office)		6. (Mailing Address)			
Moline		Moline	·		
Illinois 61265		Illinois 61265			
7. Name and street addres	ss of Florida registered agent: (P.O. Box LisaVanderBleek	NOT acceptable)		ZUZ'I APR	: · • :
Name:					
Name: Office Address:	109 SE 40th Terr			0 P:	 _
		33904 , Florida(Zin code)		0 PM 5: 21	i fig

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Sam Kupresin Name: ____ □ Manager **■**Manager Address: 2277 9th Ave. Address: 2277 9th Ave. **■**Member ■Member Moline, IL 61265 Moline, IL 61265 □ Authorized ☐ Authorized Person Person □Other____ Other____ □Other Other Name: Scott Rexroat Name: Christopher Griffin ■Manager □Manager Address: 4531 W. High St. Address: 4531 W. High St. **■**Member **■**Member Colona, IL 61241 Colona, IL 61241 □ Authorized □ Authorized Person Person □ Other ___ □Other ____ □Other____ Other_____ □Manager □Manager □Member □Member Address: Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Sam Kupresin, Member/Manager

Typed or printed name of signee

File Number

1286788-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RGK INVESTMENT. LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 21, 2023, AND HAVING ADOPTED THE ASSUMED NAME OF RGK INVESTMENT FL, LLC ON APRIL 03, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of APRIL A.D. 2024.

Authentication #: 2409600740 verifiable until 04/05/2025

Authenticate at: https://www.ilsos.gov

Alexi Giannon