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(Requestor's Name)
(Address)
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(644)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duniage Fality Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W24000065238
MT.

Office Use Only



500427021705

04/10/24--01015--016 **160.00



April 25, 2024

DON BROOKS 209 E. CORNING AVE PEOTONE, IL 60468 US

SUBJECT: GREAT LAKES LIFTING SOLUTIONS LLC

Ref. Number: W24000065238

We have received your document for GREAT LAKES LIFTING SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

RECEIVED

Letter Number: 024A00009065

MAY 1 6 2024

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Great Lakes	Lifting Solutions LLC Name of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this mat	ter to the following:
Don	Brooks Name of Person
Great L	Firm/Company Solutions Lha
209	F. Corning Ave Address J
Peoto	City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, pleas	e call:
Don Brook Name of Contact Person	at (708) 574-307-8 Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount Please make check payable to: FLORIDA In \$125.00 Filing Fee \$130.00 Filing Certific	DEPARTMENT OF STATE

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

	Limited Liability Company; must include "Liname adopted for the purpose of transacting business				L.L.C." or "	_ LLC ")
	hich foreign limited liability company is organized)		26-14 (FE			-
	- / - 2 0 2 4 (Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de					
	(Date first transacted business in Florida, if prisoners (See sections 605.0904 & 605.0905, F.S. to de			Corna	a Ai	re
Peotone	V		(Mailing Address) Peotone		7	_
	60468				468	-
Name and street addres	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> accep	table)		£7n7-	
Name:	Don Brooks	<u>. </u>	_		91, XVH 6707	٠.
Office Address:	3950 Anchuca	_ Dr #	13		MH 9:	
	hakeland (City)		_ , Florida <u>33</u> (Zip c	8-11	19	
ignated in this application on the comply with the provision of the control of th	tance: gistered agent and to accept service tion, I hereby accept the appointmentions of all statutes relative to the pro s of my position as registered agent.	nt as registered o	igent and agree to	act in this capacit	ly. I furth	her ag

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:
Manager	Name: Don Drook	□Manager	Name: Steven Brooks
□Member	Address: 209 E. Corning	Member	Address: 209 E. Corning
□Authorized	Peotone IL	□Authorized	Protone, IL
Person	60468	Person	60468
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Signature of an authorized person

Don Brook

Typed or printed name of signee

File Number

0238690-9



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

GREAT LAKES LIFTING SOLUTIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 08, 2007, 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 17TH day of APRIL A.D. 2024.

Authentication #: 2410803930 verifiable until 04/17/2025

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

Alexi Gionard