M2400007269

(Requestor's Name)	
(.	Address)	
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(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to F	Filing Officer:	
W24-8	5522	

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June 6, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: THE KOTULA GROUP, LLC

Ref. Number: W24000085522

We have received your document for THE KOTULA GROUP, LLC and your check(s) totaling \$. 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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

2024 JUN - 6 PM 4: 56

Letter Number: 324A000<u>12</u>323

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

The Kotula Group, LLC	
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit	Amendment Resignation of Officer/Director
Limited Liability	Change of Registered Agent
Domestication CORP	Dissolution/Withdrawal Merger
LLLP	Merger
INC	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	X_ Foreign Filing Limited Partnership
Fictitious Name	Dissolution/_Reinstatement/Revocation Trademark
APOSTIL ()	Other
Country	
	EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	The Kotula Group, LLC			
.9 (/13 0)		ne of Limited Liability Company		
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please	return all correspondence concerning this matter	to the following:		
	David Kotula			
		Name of Person		
	The Kotula Group, LLC			
		Firm/Company		
	25 N. River Ln, Suite 25415			
	Address			
	Geneva, IL 60134			
		City/State and Zip Code		
	dave@kotulagroup.com			
	E-mail address: (to b	be used for future annual report notification)		
For fur	rther information concerning this matter, please ca	all:		
	David Kotula	312 459-0631 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE ■ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate	PARTMENT OF STATE ee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate		

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The a	Iternate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC.
Illinois 2. (Jurisdiction under the law of w	which foreign limited liability company is organized)	3.	47-1045187 (FEI number, if	applicable)
N/A 4.				app.maco.
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration. ne penalty l) iability)	_
25 N. River Lane, Suit 5. (Street Address of Principal Office)		6	(Mailing Address)	
Geneva, IL 60134		-	Palm Beach Gardens, FL 33418	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	2024.
Name:	David A. Kotula			6
Office Address:	13336 Bernoulli Way	_		3 To 64

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's agnature)

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:	□Manager	Name: Brian DiPaola
≣ Member	Address: 13336 Bernoulli Way	■Member	Address: 40W139 Palmer Road
□Authorized	Palm Beach Gardens, FL 33418	□Authorized	Geneva, IL 60134
Person		Person	
□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

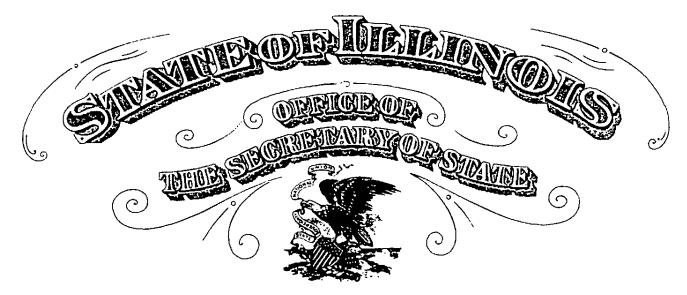
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 follows as provided for in s.817.155, F.S.

David A. Kotula

File Number

0485405-5



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

THE KOTULA GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 05, 2014, 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 6TH day of JUNE A.D. 2024.

Authentication #: 2415803062 verifiable until 06/06/2025

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

Alexi Gianaruh
SECRETARY OF STATE