

**M24000009720**  
 Florida Department of State  
 Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
 VILLA INVESTMENT HOLDCO, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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 DIVISION OF CORPORATIONS  
 1000 N. GULF BLVD.  
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 TALLAHASSEE, FL 32304

2024 JUL 29 PM 2:45

## COVER LETTER

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TO: **Registration Section  
Division of Corporations**

SUBJECT: Villa Investment HoldCo, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ying L. Frey

\_\_\_\_\_  
Name of Person

Much Shelist P.C.

\_\_\_\_\_  
Firm/Company

191 N. Wacker Drive, Suite 1800

\_\_\_\_\_  
Address

Chicago IL 60606

\_\_\_\_\_  
City/State and Zip Code

yfrey@muchlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ying L. Frey

312  
at ( )

521-2139

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**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:*

1. Villa Investment HoldCo, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. IL 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. \_\_\_\_\_  
upon filing (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3701 W. Lunt, Lincolnwood, IL 60712 6. 3701 W. Lunt, Lincolnwood, IL 60712  
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 E. Park Avenue, 2nd FL

Tallahassee, Florida 32301  
(City) (Zip code)

**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.*

By: Kim Tadlock Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.  
(Registered agent's signature)

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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:**

☐ Manager Name: AB Investment Trust u/a/c 1/3/23

☒ Member Address: 3701 W. Lunt, Lincolnwood, IL 60712

☐ Authorized Trustee: Menachem Berger

Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager TODD A. STERN 2015 IRREVOCABLE INSURANCE TRUST Name:

☒ Member Address: 3701 W. Lunt, Lincolnwood, IL 60712

☐ Authorized Trustee: Raphaela Stern

Person

☐ Other ☐ Other

☐ Manager ISRAEL FAMILY INVESTMENT TRUST U/A/D 5/20/2015 Name:

☒ Member Address: 3701 W. Lunt, Lincolnwood, IL 60712

☐ Authorized Trustee: Benjamin Israel

Person

☐ Other ☐ Other

☐ Manager ISRAEL INVESTMENT TRUST U/A/D 6/18/2015 Name:

☒ Member Address: 3701 W. Lunt, Lincolnwood, IL 60712

☐ Authorized Trustee: Yehudis Israel

Person

☐ Other ☐ Other

☐ Manager Name: Steven Nagel

☒ Member Address: 3701 W. Lunt, Lincolnwood, IL 60712

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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.

/s/ Menachem Berger

Signature of an authorized person

AB Investment Trust u/a/d 1/3/23 By Trustee: Menachem Berger

Typed or printed name of signee

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*File Number*

1458108-1



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulis, 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*

VILLA INVESTMENT HOLDCO, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 09, 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 26TH day of JULY A.D. 2024 .***

Authentication #: 2420801844 verifiable until 01/26/2025  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*  
SECRETARY OF STATE

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