

M240000013021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

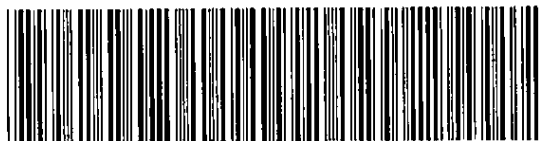
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/25/24--01026--007 **125.00

2024 SEP 25 PM 2:29

TROUTMANIDAMS

commercial real estate

September 17, 2024

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Foreign LLC Application for Authorization
Westover Hollywood LLC

Dear State Representative

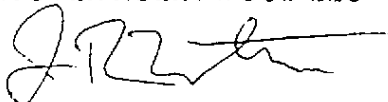
I have enclosed the following documents in connection with the application by the above referenced Illinois Limited Liability Company for authorization to transact business in Florida:

- Cover Letter
- Application
- Certificate of Good Standing issued by Illinois Secretary of State
- Check for application fee

Please let me know if you require any additional documentation.

Sincerely

WESTOVER HOLLYWOOD LLC



James R. Troutman
Manager

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Westover Hollywood 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:

James Troutman

Name of Person

Troutman & Dams LLC

Firm/Company

2211 N. Elston Ave - Ste 308

Address

Chicago, IL 60614

City/State and Zip Code

jim@troutman-dams.com

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

For further information concerning this matter, please call:

James Troutman

312
at ()

441-0344

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

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. Westover Hollywood 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. Illinois 3. 99-4928620
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2211 N. Elston Ave - Ste 308 6. 2211 N. Elston Ave - Ste 308
(Street Address of Principal Office) (Mailing Address)
Chicago, IL 60614 Chicago, IL 60614

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

Name: InCorp Services, Inc.
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

2024 SEP 25 PM 2:29

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.

Heather Glenn Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

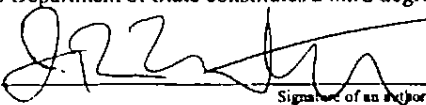
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: James Troutman	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2211 N Elston Ave - Ste 308	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Chicago, IL 60614	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Eric Dams	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2211 N Elston Ave - Ste 308	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Chicago, IL 60614	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Shai Wolkowicki	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2211 N Elston Ave - Ste 308	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Chicago, IL 60614	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



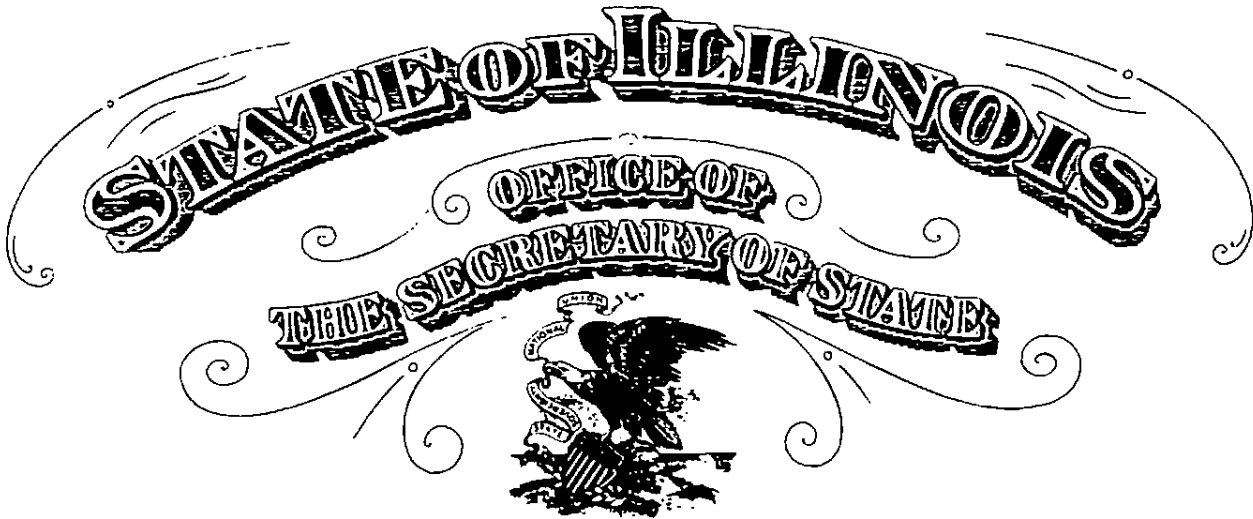
Signature of an authorized person

James R. Troutman, Manager

Typed or printed name of signer

File Number

1523498-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

WESTOVER HOLLYWOOD LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 13, 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 13TH day of SEPTEMBER A.D. 2024 .