

M24000013480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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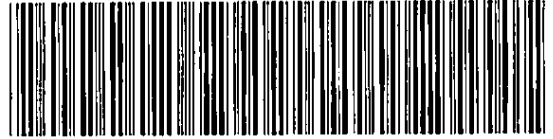
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

OCT 22 2024

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Kennedy Company 4639 Parrot 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:

Justin Kennedy
Name of Person

Firm/Company

3740 W. Eddy St
Address

Chicago IL 60618
City/State and Zip Code

4639Parrot@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Kennedy at (847) 436-0052
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. The Kennedy Company 4639 Parrot LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

4639 Parrot 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEL 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. 3740 W Eddy St
(Street Address of Principal Office)

6. 3740 W Eddy St
(Mailing Address)

Chicago IL, 60618

Chicago IL, 60618

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street STE 300

St. Petersburg, Florida 33702
(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.

David Roberts

(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]:

Title or Capacity: Name and Address:

☒ Manager Name: Justin Kennedy

☐ Member Address: 3740 W Eddy St.

☐ Authorized Chicago IL 60618

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Casie Kennedy

☐ Member Address: 3740 W Eddy St.

☐ Authorized Chicago IL 60618

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ 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.



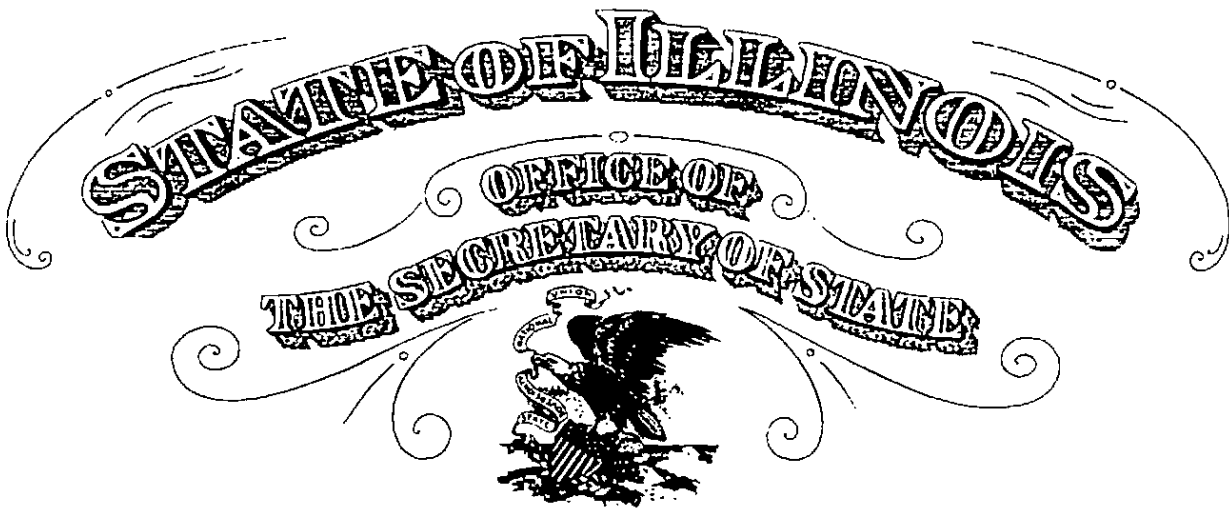
Signature of an authorized person

Justin Kennedy

Typed or printed name of signee

File Number

1007421-5



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

THE KENNEDY COMPANY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 23, 2021, 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 21ST
day of OCTOBER A.D. 2024 .

Form **LLC-37.40**
July 2017

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.ilsos.gov

Payment may be made by check
payable to Secretary of State. If
check is returned for any reason
this filing will be void.

Illinois
Limited Liability Company Act
Certificate of Designation

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$50

Approved:

FILE # 10074215

This space for use by Secretary of State.

RECEIVED

SEP 24 2024

ALEXI GIANNOULIAS
SECRETARY OF STATE

1. Limited Liability Company name: The Kennedy Company

2. State or country under the laws of which the company is organized: (check one)

☒ Illinois (domestic)

☐ Foreign (specify): _____

3. Name of Series: The Kennedy Company 4639 Parrot

Must begin with the entire name of the Limited Liability Company and be distinguishable from other names in the Series.

4. With the filing of this document:

☒ the existence of the Series shall begin.

☐ the name of the Series shall be changed to: _____

☐ this Series shall be terminated.

☒ manager information is different from the Limited Liability Company or is changed for this Series:

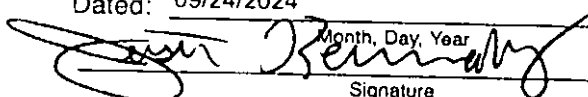
(List names and business addresses.)

Justin M Kennedy 3740 West Eddy St, Chicago IL 60618

Casie S Kennedy 3740 W Eddy St, Chicago IL 60618

5. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this Certificate of Designation is to the best of my knowledge and belief true, correct and complete.

Dated: 09/24/2024


Month, Day, Year
Signature
Justin Kennedy Series Manager
Name and Title (type or print)

If applicant is signing for a company or other entity, state name of company or entity.