

m99000000572

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2015304
(Sub Account)

DATE: 4-19

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE:

CONTACT NAME:

CORPORATION NAME:

834 N.E. 20th Avenue L.L.C.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard

☐ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☐ PLAIN STAMPED COPY

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Name	4/19/99
Availability	<input checked="" type="checkbox"/> Call When Ready <input checked="" type="checkbox"/> Walk In <input type="checkbox"/> Mail Out
Document Examiner	DCC
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 APR 19 AM 10:37

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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. 834 N.E. 20th Avenue, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4280226
(FEI number, if applicable)
4. 3/5/99
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. date of filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 834 N.E. 20th Avenue, Ft. Lauderdale, FL 33305
(Street address of principal office)

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8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

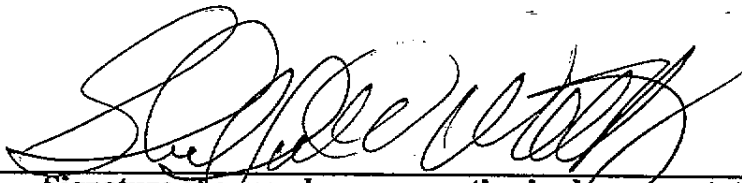
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Sheffield Wolk	MGR		
2401 N. 25th Ave.			
Franklin Park, IL 60131			
Allan R. Bachewicz	MGR		
315 N.E. 3rd Ave. Ste 200			
Ft. Lauderdale, FL 33301			

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of _____
834 N.E. 20th Avenue, L.L.C. certifies: _____

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 120,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 00.00;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 00.00;
(This total includes amounts from 2 and 3 above.)



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Sheffield Wolk

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: \$250.00 for Application and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

834 N.E. 20th Avenue, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Walter L. Morgan

(Name)

Morgan Olsen & Olsen

315 N.E. 3rd Ave. Suite 200

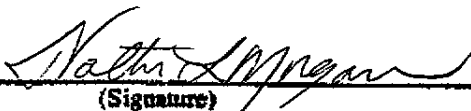
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Ft. Lauderdale, FL 33301

City/State/Zip

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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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

File Number 0026633-7



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TALLAHASSEE FLORIDA

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

834 N.E. 20TH AVENUE, L.L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 05, 1999,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS 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 14TH
day of APRIL A.D. 1999*



Jesse White

SECRETARY OF STATE