

W19000006871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

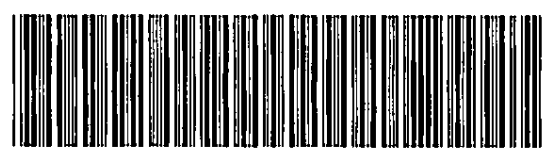
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
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W190000058864  
  
W190000036373

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04/03/19--01023--031 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 JUL 15 PM 4:38  
1-11-19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2019

DAVID WOOD  
31241 PRAIRIE RIDGE RD.  
GREEN OAKS, IL 60048

SUBJECT: 1744 E. OAKTON, LLC  
Ref. Number: W19000058864

We have received your document for 1744 E. OAKTON, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yvette Scott  
Document Specialist II

Letter Number: 819A00012618

RECEIVED

JUL 15 2019

*Signed  
and included*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1744 E. Oakton, 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:

David Wood  
Name of Person

31241 Prairie Ridge Rd.  
Address

Green Oaks, IL 60048  
City/State and Zip Code

davidawood1961@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Wood at (847) 910-9038  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. 1744 E. Oakton, 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  
Jurisdiction under the law of which the limited liability company was organized

3. \_\_\_\_\_  
Date of incorporation, if applicable

4. 3/22/2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 31241 Prairie Ridge Rd  
(Street Address of Principal Office)  
Green Oaks, IL 60048

6. 31241 Prairie Ridge Rd  
(Mailing Address)  
Green Oaks, IL 60048

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

Name: Registered Agents, inc  
Office Address: 7901 4th St. N, Suite 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.

Bill Hume  
(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:**  Manager  
**Name and Address:** Name: David Wood  
 Address: 31241 Prairie Ridge Rd  
Green Oaks FL 60348

**Title or Capacity:**  Manager  
**Name and Address:** Name: Darlene Wood  
 Address: 31241 Prairie Ridge Rd  
Green Oaks, FL 60348

Other \_\_\_\_\_  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 \_\_\_\_\_

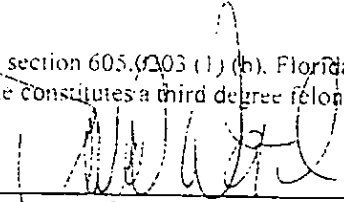
Other \_\_\_\_\_  Other \_\_\_\_\_

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**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.

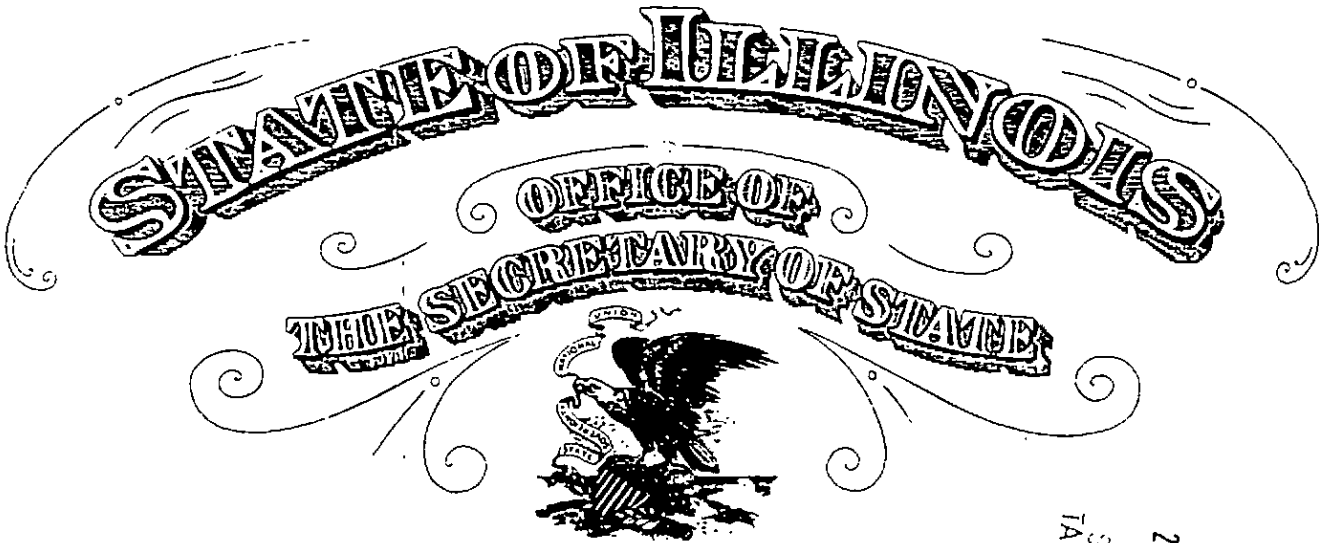


Signature of an authorized person



File Number

0479498-2



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

I, Jesse White, 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

1744 E. OAKTON LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 27, 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.

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**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MAY A.D. 2019 .**

*Jesse White*

SECRETARY OF STATE