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TO:	Registration Section Division of Corporations	٠,٠
SUBJ	PRE VENTURE, LLC ECT:	
		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter t	to the following:
	BIRJU PATEL	
		Name of Person
	PRE VENTURE, LLC	
		Firm/Company
	21800 CREST MEADOW DRIVE	
		Address
	LAND O LAKES, FL 34637	
	C	City/State and Zip Code
	PREVENTURELLC@GMAIL.COM	
	E-mail address: (to be	e used for future annual report notification)
For fu	rther information concerning this matter, please ca	II:
	BIRJU PATEL	773 368-9049
	Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$ \$125.00 Filing Fee \$ \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 📋 \$160.00 Filing Fee, Certificate

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED ILABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. PRE VENTURE, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LL.C.")		
			•••		
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida The	alternate name must include "Limited Liabil	ity Company," "L.L.C," or "LU	
ILLINOIS 2.		3.	27-1925764		
(Jurisdiction under the law of which foreign limited liability company is organized		3.	(FEI number, if applicable)		
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration	n) liability)		
21800 CREST MEAD			21800 CREST MEADOW DR	IVF	
5. (Street Address of Principal Office)		6.	(Mailing Address)		
(Street Address of Principal Office)			(Stating Address)		
LAND O LAKES, FL	34637		LAND O LAKES, FL 34637		
				i	
				<u> </u>	
 Name and <u>street addres</u> 	s of Florida registered agent: (P.O. Box	NOT:	acceptable)		
	BIRJU PATEL			- FR 72	
Name:				7 9 3 6	
C102 A 11	21800 CREST MEADOW DRIVE			- · · · · · · · · · · · · · · · · · · ·	
Office Address:					
	LAND O LAKES		34637		
	(City)	·-	, Florida(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.

(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:	Title or Capacity:	Name and Address:
≣Manager	Name: BIRJU PATEL	□Manager	Name:
■Member	Address: 21800 CREST MEADOW DRI	□Member	Address:
□Authorized	LAND O LAKES, FL 34637	□Authorized	
Person		Person	
□Other	()ther	□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

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

Bryu Pate!

Typed or printed name of signee

File Number

0293383-7



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

PRE VENTURE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 10, 2010, 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 10TH day of NOVEMBER A.D. 2020.

Authentication #: 2031502562 verifiable until 11/10/2021
Authenticate at: http://www.cyberdriveillinois.com

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SECRETARY OF STATE