

# ADDRESS OF SUBJECT PROPERTY: 896 Benedetti Drive, Naperville, IL 60540 PARCEL IDENTIFICATION NUMBER (PIN): 07-13-110-002

I. PETITIONER: Windscap	pe Naperville LLC and PBH W	indscape LLC c/o Nisha Bhatia & Ivonne Matus		
PETITIONER'S ADDRESS:	777 Brickell Avenue, Suite 12	Brickell Avenue, Suite 1200		
		ZIP CODE: 33131		
PHONE: 786.539.4999	EMAIL ADDRESS: <sup>nb</sup> im	hatia@pensamresidential.com & atus@pensamresidential.com		
· · ·		dscape LLC c/o Nisha Bhatia & Ivonne Matus		
OWNER'S ADDRESS: 777	Brickell Avenue, Suite 1200			
CITY: Miami	STATE: Florida	ZIP CODE: 33131		
PHONE: <sup>786.539.4999</sup>	EMAIL ADDRESS: <sup>nb</sup> im	hatia@pensamresidential.com & atus@pensamresidential.com		
III. PRIMARY CONTACT	(review comments sent to this c	ontact): Julie M. Workman, Esq.		
RELATIONSHIP TO PETITI	ONER: Attorney Representir	g Petitioner & Owner		
PHONE: 708.323.7815 or 312.47				
IV. OTHER STAFF				
NAME:				
RELATIONSHIP TO PETITI	ONER:			
PHONE:	EMAIL ADDRESS:			
NAME:				
PHONE:	EMAIL ADDRESS:			





# **v.SUBJECT PROPERTY INFORMATION**

ZONING OF PROPERTY: \_\_\_\_\_ Medium Density Multi-Family Residence District

AREA OF PROPERTY (Acres or sq ft): \_\_\_\_\_ Acres or 923885 SF

DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed):

See Attached Additional Page With The Detailed Description of Variance.

# **VI. PETITIONER'S SIGNATURE**

I, <u>Gavin Beekman</u>, <u>Authorized Signatory of PBH Windscape LLC</u> (Petitioner's Printed Name and Title), being duly sworn, declare that I am duly authorized to make this Petition, and the above information, to the best of my knowledge, is true and accurate.

(Signature of Petitioner or authorized agent)

SUBSCRIBED AND SWORN TO before me this <u>12</u> day of <u>February</u>, **20** 20 VIVIANA ANGULO Notary Public - State of Florida Elbli Complision # GG 305309 Bonded through National Notary Assn.





# **v.SUBJECT PROPERTY INFORMATION**

ZONING OF PROPERTY: \_\_\_\_\_ Medium Density Multi-Family Residence District

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(Signature of Petitioner or authorized agent)

SUBSCRIBED AND SWORN TO before me this <u>12</u> day of <u>February</u>, **20** 20 VIVIANA ANGULO Notary Public - State of Florida Elbli Complision # GG 305309 Bonded through National Notary Assn.

# CITY OF NAPERVILLE **ZONING VARIANCE FORM**



# **VII. OWNER'S AUTHORIZATION LETTER**

I/we hereby certify that I/we am/are the owner(s) of the above described Subject Property. I/we am/are respectfully requesting processing and approval of the request(s) referenced in this Petition. I/we hereby authorize the Petitioner listed on this Petition to act on my/our behalf during the processing and presentation of this request(s).

(Signature of 1<sup>st</sup> Owner or authorized agent) (Signature of 2<sup>nd</sup> Owner or authorized agent)

(Date)

(Date)

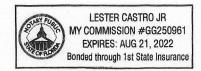
Alexander V. Ponomarenko, Authorized Signatory

1<sup>st</sup> Owner's Printed Name and Title

2<sup>nd</sup> Owner's Printed Name and Title

SUBSCRIBED AND SWORN TO before me this <u>12th</u> day of <u>February</u> , 20 20

(Notary Public and Seal)







# **VII. OWNER'S AUTHORIZATION LETTER**

I/we hereby certify that I/we am/are the owner(s) of the above described Subject Property. I/we am/are respectfully requesting processing and approval of the request(s) referenced in this Petition. I/we hereby authorize the Petitioner listed on this Petition to act on my/our behalf during the processing and presentation of this request(s).

(Signature of 1<sup>st</sup> Owner or authorized agent) (Signature of 2<sup>nd</sup> Owner or authorized agent)

(Date)

Gavin Beekman, Authorized Signatory

1<sup>st</sup> Owner's Printed Name and Title

2<sup>nd</sup> Owner's Printed Name and Title

SUBSCRIBED AND SWORN TO before me this <u>1</u> day of <u>February</u>, 20<u>20</u>

VIVIANA ANGULO otary Public - State of Florida Public and Seal Commission # GG 305309 My Comm. Expires Feb 25, 2023 Bonded through National Notary Assn.

### CITY OF NAPERVILLE DISCLOSURE OF BENEFICIARIES

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

- 2. Nature of Benefit sought: <u>See Attached Additonal Sheet With Nature of Benefit Sought</u>.
- 3. Nature of Petitioner (select one):

a.	Individual	e.	Partnership
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- b. Corporation f. Joint Venture
- c. Land Trust/Trustee g. Limited Liability Corporation (LLC)
- d. Trust/Trustee h. Sole Proprietorship
- 4. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:
- 5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 11 (or on a separate sheet):
  - Limited Liability Corporation (LLC): The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - **Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
  - **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
  - **Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
  - **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
  - **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
  - **Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

# Exhibit D

6. Name, address and capacity of person making this disclosure on behalf of the Petitioner:

Alexander V. Ponomarenko, Authorized Signatory of Windscape Naperville LLC, 777 Brickell Avenue, Suite 1200, Miami, Florida 33131 Gavin Beekman, Authorized Signatory of PBH Windscape LLC, 777 Brickell Avenue, Suite 1200, Miami, Florida 33131

#### VERIFICATION

I, <u>Alexander V. Ponomarenko</u> (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: Subscribed and Sworn to before me this 12 day of February 20 20 Notary Public and seal LESTER CASTRO JR MY COMMISSION #GG250961 EXPIRES: AUG 21, 2022 Bonded through 1st State Insurance

# Exhibit D

	······
6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
	Al <u>exander V. Ponomarenko, Authorized Signatory of Windscape Naperville LLC, 777 Brickell Avenue, Suite 1200, Miami, FL 33131</u>
	GavinBeekman, Authorized Signatory of PBH Windscape LLC, 777 Brickell Avenue, Suite 1200, Miami, FL 33131
VERI	FICATION
that I this c	vin Beekman (print name), being first duly sworn under oath, depose and state am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the ments contained therein are true in both substance and fact.
Signa	
2	cribed and Sworn to before me this <u>12</u> day of <u>February</u> , 20 <u>20</u> . y Public and sea
	Bonded through National Notary Assn.

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### PBH Windscape, LLC and Windscape Naperville, LLC

Windscape of Naperville Supplement to Exhibit D: Disclosure of Beneficiaries

2. Nature of Benefit Sought: Variance to Modify Setback Requirement from 30 feet to 25 feet; PUD Deviation to modify parking requirement from 604 spaces to 584 spaces.

### 5. LIMITED LIABILITY COMPANY INFORMATION:

### 1<sup>st</sup> Owner Contact Information:

Windscape Naperville LLC, a Delaware limited liability company c/o Nisha Bhatia & Ivonne Matus 777 Brickell Avenue, Suite 1200 Miami, Florida 33131

### Windscape Naperville LLC Member Information:

Alexander V. Ponomarenko Revocable Trust Dated 8/12/2016 c/o Alexander V. Ponomarenko 9702 S.W. 69<sup>th</sup> Place Pinecrest, Florida 33156

#### 2<sup>nd</sup> Owner Contact Information:

PBH Windscape LLC, a Delaware limited liability company c/o Nisha Bhatia & Ivonne Matus 777 Brickell Avenue, Suite 1200 Miami, Florida 33131

### **PBH Windscape LLC Member Information**:

Pensam Windscape LLC, a Florida limited liability company c/o Nisha Bhatia, Esq. 777 Brickell Avenue, Suite 1200 Miami, Florida 33131

Authorization to do Business in the State of Illinois:

*Filed* Application for Admission to Transact Business for Windscape Naperville LLC, a Delaware limited liability company filed on November 23, 2016; copy attached.

*Filed* Application for Admission to Transact Business for PBH Windscape LLC, a Delaware limited liability company filed on November 1, 2016; copy attached.

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	Form LLC-4	45.5	Limited Liability	Company Act	
•	May 2012				This space for use by Secretary of State,
	Secretary of State Department of Busin		Application for Transact B	Admission to	
	Limited Liability Divis	slon	Iransaci e	usiness	
	501'S. Second St., F	7m. 351	SUBMIT IN DU		20173 an 1791
1. 19	Springfield, IL 62750 217-524-8008	5	Type or Print	Clearly.	NOV 2 3 2016
	www.cyberdriveillinoi	is.com	This space for use by Se	errates; of State	
	Payment must be	made by cartified		enerny of oraint	JESSE WHITE
	check, cashler's che	ck, lilinola attorney's	Penalty: \$		SECRETARY OF STATE
	Payment must be check, cashler's chec check, C.P.A.'s chec payable to Secretary	ck of money order / of State.	Approved		
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	14. 17. – 18. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19. – 19		· · ·		•
	1. Umited Liability C	Company Name:	Mindacape Naperville	e, LLC	
					3
· · · ·	2. Assumed Name:				
	•• •	(This item is only ap	pilcable if the company name i	n itom 1 is not evailable	for use in lilinois, in which case form
			omplated and submitted with th	application.)	•
	3. Jurisdiction of On	ganization:D	elaware		
· · · (* )).	di ja				
	4: Date of Organizat	tion:C	<u>Ctober 18, 2016</u>		
	•		· · ·		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	5. Period of Duration	n: ··· I	erperual	• •	
•	• . •			provided in the agreeme	ni, in which case enter that date.)
				•	
1	6. Address of the Pr	incipal Place of Busi	iness: (P.O. Box alone or c/o i	s unacceptable.)	· .
	· · · · · · · · · · · · · · · · · · ·	(0+1 D1		•.	
14 M (2010)	Number	69th Place	. Street	<u> </u>	Suite #
	Pinecres		•		
1		t, FL 33156			
		H, ML 33156	Stata		ZIP Code
	City	it, FL 33156	. State .	· · ·	ZIP Code
	City	· · · ·	un und churcher in g∎t		ZIP Code
42.999 2132 - 1 2193 - 1	City	CT Corporation S	System	Middle Name	ZIP Code
	City 7. Registered Agent:	C T Corporation S First N	System		Last Name
	City 7. Registered Agent: Registered Office:	C T Corporation S First N 208	System ame	South LaSalle Street,	Last Name
	City 7. Registered Agent: Registered Office: (P.O. Box alons or c/o	C T Corporation S First N 208 Num	System ame ber		Last Name Suite 814 Suite #
	City 7. Registered Agent: Registered Office:	C T Corporation S First N 208 Num Ch	System ame ber licago	South LaSalle Street,	Last Name Suite 814 Suite # 60604
	City 7. Registered Agent: Registered Office: (P.O. Box alons or c/o	C T Corporation S First N 208 Num	System ame ber licago	South LaSalle Street,	Last Name Suite 814 Suite #
	City 7. Registered Agent: Registered Office: (RO. Box alone or c/o le unacceptable.)	C T Corporation S First N 208 Numi Ch	System ame ber licago	South LaSalle Street, Street	Last Name Suite 814 Suite # 60604
	City 7. Registered Agent: Registered Office: (RO. Box alone or c/o le unacceptable.)	C T Corporation S First N 208 Numi Ch	System ame ber licago	South LaSalle Street, Street	Last Name Suite 814 Sulte # 60604 Zip Code
	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Numi Ch City agent must reside in	System ame ber licago	South LaSalle Street, Street IL ness entity, it must be	Last Name Suite 814 Sulte # 60604 Zip Code
	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Numi Ch City agent must reside in	System lame ber licago y i Illinois, if the agent is a bush	South LaSalle Street, Street IL ness entity, it must be	Last Name Suite 814 Sulte # 60604 Zip Code
	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Numi Ch City agent must reside in	System lame ber licago y i Illinois, if the agent is a bush	South LaSalle Street, Street IL ness entity, it must be	Last Name Suite 814 Sulte # 60604 Zip Code
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	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Numi Ch City agent must reside in	System lame ber licago y i Illinois, if the agent is a bush	South LaSalis Street, Street IL ness entity, it must be incls:	Last Name Suite 814 Sulte # 60604 Zip Code
	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Numi Ch City agent must reside in	System lame ber licago y i tilinois, if the agent is a bush first conducted business in III	South LaSalis Street, Street IL ness entity, it must be incls:	Last Name Suite 814 Sulte # 60604 Zip Code
	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Numi Ch City agent must reside in	System lame ber licago y i tilinois, if the agent is a bush first conducted business in III	South LaSalis Street, Street IL ness entity, it must be incls:	Last Name Suite 814 Sulte # 60604 Zip Code
	City 7. Registered Agent: Registered Office: (P.O. Box atons or c/o Is unacceptable.)	C T Corporation S First N 208 Num Ch City agent must reside in on which Company	System lame ber licago y i tilinois, if the agent is a bush first conducted business in III	South LaSalle Street, Street II_ ness entity, it must be incls:	Last Name Suite 814 Suite # <u>60604</u> Zip Code authorized to act as agent in this state.
	City 7. Registered Agent: Registered Office: (P.O. Box alons or c/o Is-unacceptable.) Note: The registered of 3. If applicable, Date	C T Corporation S First N 208 Num Ch City agent must reside in on which Company	System lame ber licago y i Illinois. If the agent is a bush first conducted business in Ill (continued on	South LaSalle Street, Street II_ ness entity, it must be incls:	Last Name Suite 814 Suite # <u>60604</u> Zip Code authorized to act as agent in this state.
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10. The Limited Liability Company: (check one)

LLC-45.5

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361 - 02/03/3015 Walters Kluwer Oalles

a. 😰 is managed by the manager(s) (List names and addresses.)

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Alexander Ponomarenko

9702 SW 69th Place

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Pinecrest, FL 33156

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b.  $\Box_{
m c}$  has management vested in the member(s) (List names and addresses.) ÷.

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11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the tilinois Limited Liability Company Act.

9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: \_to\_own\_real\_

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estate

12. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.

13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Daid

Signature 1-

ame and althe (type or pratit)

Manager

le Name So

ALLANDER DONOVATEN (OF



# OFFICE OF THE SECRETARY OF STATE

### JESSE WHITE • Secretary of State

NOVEMBER 01, 2016

0587079-8

NATIONAL REGISTERED AGENTS INC 208 SO LASALLE ST, SUITE 814 CHICAGO, IL 60604-1101

**RE PBH WINDSCAPE, LLC** 

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE APPROVED APPLICATION FOR ADMISSION.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF QUALIFICATION NEXT YEAR. FAILURE TO TIMELY FILE WILL RESULT IN A \$300 PENALTY AND/OR REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE ADDRESS ON OUR RECORDS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

MANY OF OUR SERVICES ARE AVAILABLE AT OUR CONTINUOUSLY UPDATED WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY DIVISION (217) 524-8008

		05870798
	I Illinois	FILE #
Form <b>LLC-45.5</b>	Limited Liability Company Act	This space for use by Secretary of State.
May 2012 Secretary of State	Application for Admission to	
Department of Business Services	Transact Business	
Limited Liability Division		FILED
501 S. Second St., Rm. 351 Springfield, IL 62756	SUBMIT IN DUPLICATE Type or Print Clearly.	
217-524-8008		NOV - 1, 2016
www.cyberdriveillinois.com	This space for use by Secretary of State.	
Payment must be made by certified		JESSE WHITE
check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order		SECRETARY OF STATE
payable to Secretary of State.	Approve	
		· · · ·
1. Limited Liability Company Name: P		·
2. Assumed Name:		
This item is only a	applicable if the company name in Item 1 is not available	for use in illinois, in which case form
LLC 1.20 must be e	completed and submitted with this application.)	
3. Jurisdiction of Organization: Delaw	are	· · · · · · · · · · · · · · · · · · ·
•		
4. Date of Organization: October 21,	, 2016	
		·
r Devied of Duration, Perpetual		
5. Period of Duration: Perpetual (Enter Perpetual)	unless there is a Date of Dissolution provided in the agreeme	nt, in which case enter that date.)
		······
6 Address of the Principal Place of Ru	siness: (P.O. Box alone or c/o is unacceptable.)	
		,
777 Brickell Ave, Suite 1	1200	
Number	Street	Suite #
Miami, Florida 33131		
City	State	ZIP Code
·		
7. Registered Agent: National Regis	tered Agents, Inc.	
. First	Name Middle Name	Last Name
Registered Office: 208 S. La Salle	Street. Suite 814	
Nu	mber Street	Suite #
(P.O. Box alone or c/o is unacceptable.)		
Chicago		60604 Zip Code
· · · · · ·	City	
Note: The registered agent must reside	In Illinois. If the agent is a business entity, it must be	authorized to act as agent in this state.
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8. If applicable, Date on which Company first conducted business in Illinois: \_\_\_\_\_

(continued on back)

#### LLC-45.5

- 9. Purpose(s) for which the Company is Organized and Proposes to Conduct Business in Illinois: <u>To engage in and conduct all</u> business permitted by law.
- 10. The Limited Liability Company: (check one)
  - a. 🗹 is managed by the manager(s) (List names and addresses.)
    - Pensam Management Services, Inc.
    - 777 Brickell Ave, Suite 1200

Miami, Florida 33131

b. D has management vested in the member(s) (List names and addresses.)

- 11. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.
- 12. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.
- 13. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: October 28, 2016

Month, Day, Year

Signature the Director of Pensam Management Services, Gavin Beekman Inc., the Manager of PBH Windscape, LLC

Name and Title (type or print)

If applicant is signing for a Company or other Entity, state Name of Company and indicate whether it is a member or manager of the LLC.

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