

L04000023200

(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:

Office Use Only



700030837337

FILED

04 MAR 26 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAR 26 AM 11:27
U.S. DEPARTMENT OF COMMERCE
STATE DEPARTMENT
TALLAHASSEE, FLORIDA

Handwritten signature/initials



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 523709 4304492

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 160.00

FILED
04 MAR 26 PM 11:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : March 25, 2004

ORDER TIME : 9:08 AM

ORDER NO. : 523709-020

CUSTOMER NO: 4304492

CUSTOMER: Ms. Laura Colton Tepper
Piper Rudnick LLP

Suite 1800
203 North LaSalle Street
Chicago, IL 60601-1293

DOMESTIC FILING

NAME: DH LONG LAKE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 MAR 26 PM 1:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

DH Long Lake, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8833 Gross Point Road, Suite 208

Skokie, Illinois 60077

Mailing Address:

8833 Gross Point Road, Suite 208

Skokie, Illinois 60077

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FLORIDA 32301

City, State, and Zip

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 as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

**Deborah D. Skipper
Asst. V. Pres.**

Page 1 of 2
(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

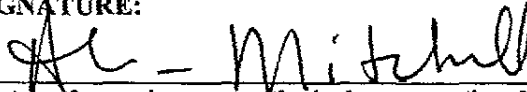
Name and Address:

Long Lake Manager, LLC, a Florida
limited liability company
8833 Gross Point Road
Skokie, Illinois 60077

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Alison M. Mitchell, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)