

L04000092220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

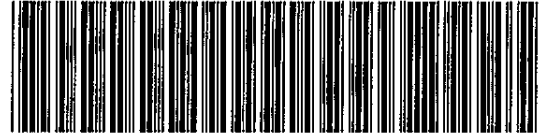
(Business Entity Name)

(Document Number)

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

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04 DEC 21 PM 3:54  
04 DEC 21 PM 5:51  
STATE OF FLORIDA  
TALLAHASSEE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 098728 4359881  
AUTHORIZATION : Patricia Pasich  
COST LIMIT : \$ 125.00

ORDER DATE : December 21, 2004  
ORDER TIME : 1:21 PM  
ORDER NO. : 098728-005  
CUSTOMER NO: 4359881

CUSTOMER: Maureen Byrne, Legal Asst  
Patzik Frank & Samotny Ltd.

Suite 900  
150 South Wacker Dr  
Chicago, IL 60606

FILED  
04 DEC 21 PM 5:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOMESTIC FILING

NAME: NBTC ACQUISITION LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

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

FILED  
04 DEC 21 PM 5:51  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NBTC ACQUISITION LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2500 Euclid Avenue

SAME

Chicago, IL 60411

**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 Hayes 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..*

Corporation Service Company

By: Cynthia L. Harris  
Registered Agent's Signature

**Cynthia L. Harris**  
**as its agent**

**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

**Name and Address:**

MGR

Craig T. Bouchard

2500 Euclid Avenue

Chicago Heights, IL 60411

MGR

James P. Bouchard

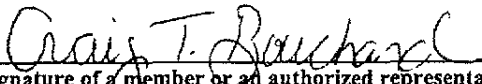
2500 Euclid Avenue

Chicago Heights, IL 60411

(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.)

Craig T. Bouchard  
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)