Division of Corporations Public Access System

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To:

Division of Corporations

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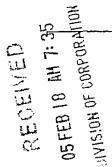
: (850)205-0383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: 120000000195
Phone: (850)521-1000
Fax Number: (850)558-1575

SA-



## LIMITED LIABILITY COMPANY

## SCC PERSONAL INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BCC PERSONAL INV	/ESTMENT LLC	
ARTICLE II - Adi		ne principal office of the Limited Liability Company
Principal Office A	<u>ddress:</u>	Mailing Address:
2500 Euclid Aven	iue	SAME
Chicago, IL 6041	.1	
	······································	
The name and the F	lorida street address of	ered Office, & Registered Agent's Signature: the registered agent are:
The name and the F	lorida street address of	the registered agent are:
The name and the F	lorida street address of	the registered agent are:
The name and the F	lorida street address of  Corporation Service  N	the registered agent are:
The name and the F	lorida street address of  Corporation Service  N	Company

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 und 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,	TA'S	22	
By: Delianh D. Skinner	r (11)	2005	
Registered Agent's Signature	Deborah D. Sign Asst, V. Pres.	نينا	
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Litle: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Craig T. Bouchard
	2500 Euclid Avenue
	Chicago Heights, IL 60411
MGR	James P. Bouchard
<u> </u>	2500 Euclid Avenue
	Chicago Heights, IL 60411
Use attachment if necessary)	

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

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.)

Mauren Byrne
Typed or printed name of signee

Filing Fees:

\$160.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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