

LOS 000 110 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

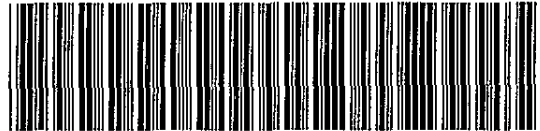
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1/15
MS



800060914438

11/08/05--01010--008 **130.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 NOV - 8 PM 12:46

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bert Family Properties - Florida LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason S. Ornduff
(Name of Person)

Eckhart Kolak LLC
(Firm/Company)

55 W. Monroe St., Suite 1925
(Address)

Chicago, IL 60603
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 8 PM 12:46

FILED

For further information concerning this matter, please call:

Jason S. Ornduff at (312) 236-0646
(Name of Person) (Area Code & Day time Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bert Family Properties - Florida LLC

ARTICLE II - Address:

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

Principal Office Address:

7742 Fisher Island Drive
Fisher Island, FL 33109

Mailing Address:

7742 Fisher Island Drive
Fisher Island, FL 33109

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

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

CT Corporation System

Name

1200 S. Pine Island Road

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

Plantation FL 33324

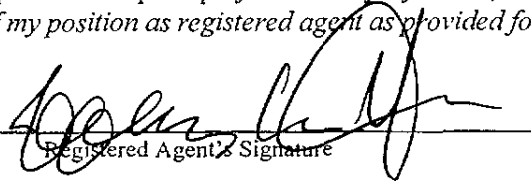
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 8 PM 12:46

FILED

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, F.S..


Registered Agent's Signature

Jeffrey R. Graves
Assistant Secretary

(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

Name and Address:

MGRM

Jack M. Bert, as Trustee of the Jack M. Bert Tru:
dated July 1, 2005
5829 Woodlane Bay
Woodbury, MN 55129

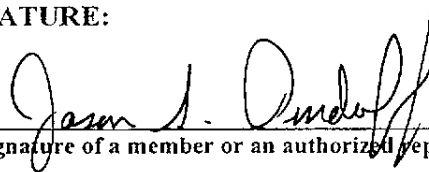
MGRM

Mary L. Bert, as Trustee of the Mary L. Bert
Trust dated July 1, 2005
5829 Woodlane Bay
Woodbury, MN 55129

(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.)

Jason S. Ornduff, Agent for the Trustees

Typed or printed name of signee

FILED
05 NOV -8 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)