Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000019542 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 .

Phone Fax Number

: (850)222-1092 1 (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 		

FLORIDA LIMITED LIABILITY CO.

Stouse Boulay Properties, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

J. SAULSBERRY **EXAMINER**

JAN 25 2011

COVER LETTER

TO:	Registration Section Division of Corporations	•	
SUBJ	Ecre: Stouse Boulay Properties LLC		
		ited Liability Company	_
The e	aclosed Articles of Organization and fee(s) ar	e submitted for filing.	
Please	return all correspondence concerning this ma	atter to the following:	
	Timothy Van Kirk		•
		Name of Person	2011 J
		Firm/Company	
	1114 Pleasant Lane	•	JAN 24
	· ·	Address .	75
	Glenview, IL 60025		AM II: 12
	t,yankirk@comcast.net	ity/State and Zip Code	2
		for finnee annual report notification)	
For fu	ther information concerning this matter, plea	se call:	
Timot	by Van Kirk	at (847) 657-7046	
	Name of Person	Area Code & Daytime Telephone Number	•
Enclo	sed is a check for the following amount:		,
125.0	Filing Fee \$\sum_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy Certificate of St (additional copy is enclosed) Certified Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301	

FERS2 - 01/17/2011 C T System Chillian

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Stoute Boulay Proporties LLC (Must and with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: Mailing Address: 190 Coopersmith 1114 Pleasant Lanc Watersound, FL 32413 Glenview, IL 60025 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot surve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: C T Corporation System Name 1200 South Pins Island Road Florida street address (P.O. Box NOT acceptable) Plantation Ft. 33324 City, State, and Zip

Flaving 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 to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered to the proper and complete performance of my duties.

y: ASSISTANT Secretary

Research Agent Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGRM" = Manag	ing Member		
MGRM		Timothy Van Kirk	-
		1114 Pleasant Lanc Glenview, IL 60025	
		Gialyiow, IL 60025	
			22.2
	•		E
	•		
			SECTION 24
	•		MIII: 12
			95 =
	•		-6 9 =

(Use attachment if	ocessary)		
. و دو معلون در		4	
ICLE V: Effective dat	e, if other than th	e date of filing: ((be specific and cannot be more than five bus	PTTONAL)
exceptive date is usice 90 days after the date		ne sheetist whe cannot be mote man tive bit	wires oaks birei
yo bays took income	o	•	

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true, I am aware that any false information submitted in a document to the Department of State constitutes a third degree feloxy as provided for in s.817.155, P.S.)

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

Timothy Van Kirk Typed or printed name of signes

Filing Poos:

\$1.25.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)