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PICK-UP WAIT MAIL

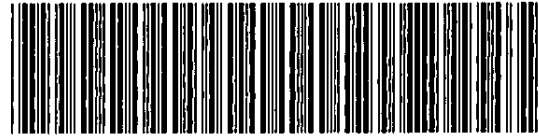
(Business Entity Name)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 7/21/14

NAME: 351 MOORING LINE LLC

TYPE OF FILING: ARTICLES

COST: 130.00

RETURN: PLAIN COPY PLEASE & Good Standing

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 351 Mooring Line 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:

Brian L. Dobben
Name of Person

Hoogendoorn & Talbot LLP
Firm/Company

122 South Michigan Avenue, Suite 1220
Address

Chicago, IL 60603
City/State and Zip Code

bdobben@hoogendoornltalbot.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian L. Dobben at (312) 786-2250
Name of Person Area Code Daytime 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

351 Mooring Line LLC

(Must end 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 is:

Principal Office Address:

Mailing Address:

Christine M. Roche
1111 Creekside Dr.
Wheaton, IL 60189

P. O. Box 1235
Wheaton, IL 60187-1235

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

(The Limited Liability Company cannot serve 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:

National Corporate Research Ltd.
Name

155 Office Plaza Drive
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
City 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 605, F.S.

Brian Alexander
Registered Agent's Signature (REQUIRED)
Asst. Scty. National Corporate Research, Ltd

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

PLEASE SEE ATTACHMENT

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Christine M Roche

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida 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 felony as provided for in s.817.155, F.S.)

Christine M. Roche

Typed or printed name of signee

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)

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**ATTACHMENT TO
Articles of Organization Florida Limited Liability Company**

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

1. AMBR

Christine M. Roche as trustee of the General Fund
created under the William J. Roche Trust, Dated
June 21, 1976
P. O. Box 1235
Wheaton, Illinois 60187-1235

2. AMBR

Christine M. Roche as trustee of the William J.
Roche Trust, Dated June 21, 1976
P. O. Box 1235
Wheaton, Illinois 60187-1235

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