

CRAIG W. LUSTHOFF

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February 3, 2016

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

RE: Articles of Organization
100 Ocean Trail 1207, LLC


Greetings:

Enclosed please find:

1. Articles of Organization for Florida Limited Liability Company; and
2. My attorney's check in the amount of \$130.00

Please file the enclosed Articles and return the Certificate of Status to my office.

Sincerely,



Craig W. Lusthoff

CWL:lma
Enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 100 Ocean Trail 1207, 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:

Christine R. Goetz
Name of Person

Firm/Company

1210 N. Kenilworth Avenue
Address

Oak Park, IL 60302
City/State and Zip Code

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

For further information concerning this matter, please call:

Craig Lusthoff 708 442-1404
at ()
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

100 Ocean Trail 1207, 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:

100 Ocean Trail Way #1207
Jupiter, FL 33477

Christine R. Goetz
1210 N. Kenilworth Avenue
Oak Park, IL 60302

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:

Thomas Weiland

Name

933 Pizarro Drive

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

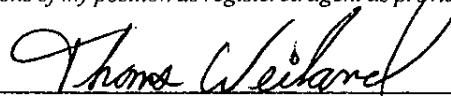
South Daytona, FL 32119

City

State

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 FEB -8 PM 12: 17
STATE OF FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:
Christine R. Goetz
1210 N. Kenilworth Avenue
Oak Park, IL 60302

AMBR

Annette M. Hibner
819 S. Addison Road
Bensenville, IL 60106

(Use attachment if necessary)

16 FEB -8 PM 12: 17
RECEIVED
FEB 16 2008
STATE OF FLORIDA
DEPARTMENT OF STATE

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Christine R. Goetz

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 R. Goetz

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)