Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (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. LIZCO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	LIZCO, LLC
3000	Name of Limited Liability Company
The encl	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	KRISTEN M. LYNCH, ESQUIRE
	Name of Person
	LUBELL ROSEN
	Firm/Company
	MUSEUM PLAZA / 200 S. ANDREWS AVENUE, SUITE 900
	Address
	FORT LAUDERDALE, FL 33301
	City/State and Zip Code
	km!@lubeilrosen.com
	E-mail address: (to be used for future annual report notification)
For further	r information concerning this matter, please call:
	KRISTEN M. LYNCH 954 880-9500
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) 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

4/11/2016 4:08:40 PM From: To: 8506176381(3/4)

ICLE I - Name:			
name of the Limited Li	ability Company is:		
LJZCO, LLC			W. L. C. N. W. L. C. N.
(Must	end with the words "Limited L	hability Company	A "L.E.C.," or "LLC.")
TCLE II - Address: mailing address and str	reet address of the principal off	ice of the Limited	Liability Company is:
	incipal Office Address:		Mailing Address:
<u>Pr</u>			
<u>Pri</u> 18812 Meadow		188	12 Meadowview Drive
18812 Meadow Mokena, Illinoi TICLE III - Registered Limited Liability Com	view Drive s 60448 d Agent, Registered Office, & apany cannot serve as its own R	Registered Ager	kena, Illinois 60448
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Ha plo fur he nd I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Page 1 of 2

Signature (REQUIRED)

"MGR" = Manager AMBR Richard J. Langenderfer 18812 Meadowview Drive Mokena IL 60448 AMBR Michelle L. Grimmus 5100 Caroline Avenue Western Springs, Illinois 60558 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: on effective date is fisted, the date must be specific and cannot be more than five business days prior to or 90 day date of filing.) tet If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be adocument's effective date on the Department of State's records. TICLE VI: Other provisions, if any. ILLC is organized as a member-managed LLC for purposes of F.S. 0605.0407 REQUIRED SIGNATURE: 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. Richard J. Langenderfer, Authorized Member Typed or printed name of signee Filine Fees:		tle:		me and Address:	
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AMBR Michelle L. Grimms 5100 Caroline Avenue Western Springs, Iflinois 60358 (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: ne effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day hate of filing.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be adocument's effective date on the Department of State's records. FICLE VI: Other provisions, if any, it is organized as a member-managed LI.C for purposes of F.S. 0605.0407 REQUIRED SIGNATURE: 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. Richard J. Langenderfer, Authorized Member Typed or printed name of signee			;q	about 1.1 any any larger	
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