

L18000068552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

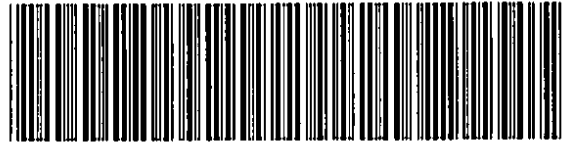
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
MAR 20 2018



600310583106

2018 MAR 20 PM 10:47
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018 MAR 20 PM 12:59

FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 122718 7563055

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 19, 2018

ORDER TIME : 9:24 AM

ORDER NO. : 122718-005

CUSTOMER NO: 7563055

DOMESTIC FILING

NAME: 180 PEARSON LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

FILED
18 MAR 20 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL 32302

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 180 PEARSON 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:

J. RYAN POTTS

Name of Person

BROTSCHUL POTTS LLC

Firm/Company

30 N. LA SALLE STREET SUITE 1402

Address

CHICAGO, ILLINOIS 60602

City/State and Zip Code

RYAN@BROTSCHULPOTTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. RYAN POTTS at (312) 551-9003
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

SECRETARY
TALLAHASSEE, FL
18 MAR 20 PM 12:59
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

180 PEARSON LLC

(Must contain 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:

8171 Bay Colony Drive #1004
Naples, Florida, 34108

Mailing Address:

8171 Bay Colony Drive #1004
Naples, Florida 34108

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:

ASHA GUPTA

Name

8171 Bay Colony Drive #1004

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

Naples, Florida 34108

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..

Asha Gupta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
18 MAR 20 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Mark C. Gupta
615 W. Maple Street
Hinsdale, Illinois 60521

Asha H. Gupta Trust dated 3-23-1995
8171 Bay Colony Drive #1004
Naples, Florida 34108

(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.)

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:

Asha H. Gupta

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.

Asha H. Gupta

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)

SECRETARY
TALLAHASSEE

18 MAR 20 PM 12:59

FILED