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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	MAIT	MAIL MAIL
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(Do	ocument Number)	
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2019 JUN 12 AH 9: 1619 JUN 12 BH 4: 28

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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 120000000195 REFERENCE: 796402 7524820 AUTHORIZATION : () COST LIMIT : \$\(^125.00\) ORDER DATE: June 7, 2019 ORDER TIME : 1:44 PM ORDER NO. : 796402-005 CUSTOMER NO: 7524820 DOMESTIC FILING NAME: 5725 LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner ext 62969

CERTIFIED COPY
PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

## COVER LETTER

	New Filing S Division of C	ection Corporations			
SUBJEC	T: <u>5725 </u> [		Limited Lia	bility Company	
The enclo	sed Articles	of Organization and fee(s)	) are submitt	ed for filing.	
		pondence concerning this			
	J <sub>0</sub>	ohn T. McGarry	Name	of Person	
			· · · · · · ·	011 613011	
	<del></del>	••	Firm/	Company	
	16	511 E. 53 <sup>rd</sup> St.	Ac	Idress	<del>_</del>
	C	hicago, IL 60615			
	kį	gbuildm@netscape.net	City/State	and Zip Code	
		E-mail address: (to be us	sed for future	annual report notificat	uion)
For further i	nformation c	oncerning this matter, plea	ase call:		
	John T. Mc	Garry me of Person	_at (773) Area Code	288-2758 office 773-	<del></del>
	1941	nie of Felson	Area Code	Daytime Telephor	ne Number
Enclosed is	a check for	the following amount:			
<b>\$</b> 125.00 Fi	ling Fee	\$130.00 Filing Fee & Certificate of Status	Cert	5.00 Filing Fee & ified Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divis P.O. I	ing Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Division of Corporate Clifton Building 2661 Executive Cent Tallahassee, FL 3236	er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liz	ibility Company is:			
572	S L.L.C			
(Must	contain the words "Limited L	iability Compan	y, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and stre	et address of the principal off	ice of the Limite	d Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
1611 E. 53 <sup>rd</sup> St			1611 E. 53 <sup>rd</sup> St	
1611 E. 53 <sup>rd</sup> S	l		1611 E. 53 <sup>rd</sup> St	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Comp	9615 Agent, Registered Office, &	egistered Agent.	Chicago, II. 60615	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & any cannot serve as its own R	egistered Agent. )	Chicago, II. 60615	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, & any cannot serve as its own R an active Florida registration.	egistered Agent. )	Chicago, II. 60615 ent's Signature: You must designate an individual or	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Composite business entity with	Agent, Registered Office, & eany cannot serve as its own R an active Florida registration.  eet address of the registered a  Corporation	egistered Agent. ) gent are:	Chicago, II. 60615 ent's Signature: You must designate an individual or	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Component of the business entity with	Agent, Registered Office, & eany cannot serve as its own R an active Florida registration.  eet address of the registered a  Corporation	egistered Agent. ) gent are: Service Com Name	Chicago, II. 60615 ent's Signature: You must designate an individual or	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Component of the business entity with	Agent, Registered Office, & any cannot serve as its own R an active Florida registration.  eet address of the registered a  Corporation	egistered Agent. ) gent are: Service Com Name	Chicago, II. 60615 ent's Signature: You must designate an individual or pany	
Chicago, IL 6  RTICLE III - Registered The Limited Liability Composite business entity with	Agent, Registered Office, & any cannot serve as its own R an active Florida registration.  eet address of the registered a  Corporation  1201 Hays S	egistered Agent. ) gent are: Service Com Name	Chicago, II. 60615 ent's Signature: You must designate an individual or pany	

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)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TILLED

2019 JUN 12 MI-9: 16

SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	John T. McGarry Living Trust dated 1-29-79 as amended
	Chicago, IL 60615
(Use attachment if necessary)  ICLE V: Effective date, if other than the state of t	he date of filing:
TICLE V: Effective date, if other than to n effective date is listed, the date mus late of filing.) e: If the date inserted in this block doe	t be specific and cannot be more than five business days prior to or 90 days after as not meet the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than to a effective date is listed, the date must ate of filing.)  E: If the date inserted in this block does does not be determined in the Department's effective date on the Department.	t be specific and cannot be more than five business days prior to or 90 days after as not meet the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than to n effective date is listed, the date must date of filing.) e: If the date inserted in this block does document's effective date on the Depar	t be specific and cannot be more than five business days prior to or 90 days after as not meet the applicable statutory filing requirements, this date will not be listed as
TICLE V: Effective date, if other than to the effective date is listed, the date must date of filing.)  It: If the date inserted in this block doe document's effective date on the Department of the Department o	t be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as

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)