

**ILLINOIS**

Illinois Department of State  
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Date:

Division of Corporations  
File Number : 148502005-00833

From:

Account Name : FAX FACSIMILE SERVICES, INC.  
Account Number : 148502005417  
Phone : (877) 582-3448  
Fax Number : (360) 436-2231

**UNLIMITED LIABILITY COMPANY**

**INTEGRATED EQUIPMENT, LLC**

Certificate of Status :	00
Certified Copy :	00
Page Count :	002
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Electronic Filing Manual

Corporate Filing

Filing Access Manual

100-2541204 11:00AMT FORM 14CMAF101

100-551 1F 123

ARTICLES OF INCORPORATION AND CERTIFICATE OF AUTHORITY TO DO BUSINESS IN THE STATE OF CALIFORNIA

This document is made with California Form 14CMAF101.

ARTICLE I NAME

The name of the limited liability company is:  
MCCRE Development, LLC

ARTICLE II ADDRESS

The mailing address and true business address of the principal office of the limited liability company is:  
150 ENGLEWOOD Avenue  
Milan, NJ 07433

ARTICLE III REGISTERED AGENT / REGISTERED OFFICE  
REGISTRED AGENT/REGISTRATION

The address and mailing address of the registered agent is:  
Milan City Hall  
150 ENGLEWOOD Avenue  
Milan, NJ 07433

Noting the limited liability company agrees to accept service of process at its principal office or at the mailing address of the limited liability company or at the address designated in its certificate of incorporation to a registered agent or designee in its capacity. If this is a general company, with other provisions of law, authorizes serving of process at its principal office or at the address of the registered agent, and if such facilities are not acceptable, then obligations of any particular law requiring service of process to be provided as provided for in Chapter 5081, etc.

  
The undersigned is a registered agent.

ARTICLE IV MANAGEMENT

The limited liability company will be managed by one or more managers and/or beneficiaries of management company.

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HOMESTEAD TRAILER PARK

INDEBTED 1.2 3/4

1-424002-113524-17533

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14101400 PROOF OF LOSS

REFERENCE: MANUFACTURED HOME

MANAGER:

Maine Diesel Fuel Company

160 EAST 13TH Avenue

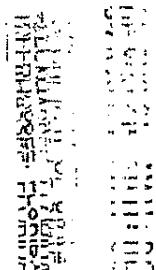
Minneapolis 33135

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Signature of business or individual responsible for loss  
(In accordance with section 6034-003). I declare that the information contained in this document is true and correct to the best of my knowledge and belief.

I declare this is a copy

This is a printed form



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