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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850)222-1092

Fax Number

(850) 878-5926

DA/FOREIGN LIMITED LIABILITY CO.

200 W. Gorrie LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l. <u>2</u>	200 W. Gorrie LLC	_
	(Name of Foreign Limited Liability Company)	
H	inois 3.	_
(Ji	riscitotion under the law of which foreign limited liability (FEI number, if applicable) mpany is organized)	
•	12/19/05 _{5.} perpetual	
_	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_
_	(Data first transacted husiness in Florida, if mior to registration.)	-
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	~
1	8829 Greene Road)7
1	Woodridge, Illinois 60517	
	*** ,	က်
I	· ·	P
7	The name and usual business addresses of the managing members or managers are as follows $\mathbb{S}^{\mathbb{Z}}$	Ċ
		5. 12
. •	Legacy Planning Associates, Inc., 6829 Greene Road, Woodridge, Illinois 6051	<u> </u>
		,
•		•
		-
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec distriction, under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	coads in
	ation of the certificate under outh of the translator must be submitted.)	
•	Nature of business or purposes to be conducted or promoted in Florida:	-
£	any and alf lawful purposes	
	Folo (. Thomas	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Rose C. Thomas, President of the Manager	

02/5007 14:20 8502227615

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

200 W. Gorrie LLC				
2. The name and the Florida street address	of the registered agent and office are:	SECRETARY TALLAHASSEI	07	
ст	Corporation System	CAH CAH	MIN	
	(Nume)	ASS	7.	Section 1
1200 Sc	outh Pine Island Road	!''! <u>⊂</u> .		m
Florida Street Ade	fress (P.O. Box <u>NOT</u> ACCEPTABLE)	FLO	ထ္	
Plantation	FL 33324	ATF.		112 T
the second secon	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 608, Florida Statutes.

(Signature)

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

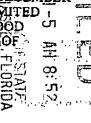
0171284-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

200 W. GORRIE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBE 19, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIGHTED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.





Authentication #: 0715502932
Authenticate at: http://www.cyberchvelllinoie.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH

day of

JUNE

A.D.

2007

Desse White

SECRETARY OF STATE