## L16000124402

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE.

Office Use Only

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## **COVER LETTER**

	egistration Section ivision of Corporations		
SUBJECT	WINDSOR WEST INVESTM	ENTS, LLC	
SUBJECT		of Limited Liabi	lity Company
The enclose	ed Articles of Organization and fe	e(s) are submitte	d for filing.
Please retur	rn all correspondence concerning	this matter to the	following:
	BOB FLOSS II		
		- Name o	f Person
	FLOSS LAW, LLC		
		Firm/C	ompany
	1200 SHERMER ROAD, SUITI	E 206	
		Add	ress
	NORTHBROOK, IL 60062		
	BOB@FLOSSLAW.COM	City/State a	nd Zip Code
-	E-mail address: (to b	e used for future	annual report notification)
For further in	nformation concerning this matter	, please call:	
	BOB FLOSS II	224 at (	326-2903
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount	::	
]\$125.00 Fi	ling Fee \$130.00 Filing Fe Certificate of Sta	tus LCertif	00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address Now Eiling Section
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
WINDSOR WEST IN (Must end w	VESTMENTS, LLC ith the words "Limited l	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal of	fice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1200 SHERMER ROA NORTHBROOK, IL 6			O SHERMER ROAD, SUITE 206 RTHBROOK, IL 60062	
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own F	Registered Agent.		or or
The name and the Florida street ac	dress of the registered	agent are:		
	REGISTERE	D AGENTS IN		128 128 128
		Name		mc - m
	3030 N. Roc Florida street address	ky Point Dr., S (P.O. Box <u>NOT</u> a		112: 1 FLORI
	Tampa,	FL 33607		DA 2
	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..

Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	DDHF, LLC 2142 NORTH WAYNE
	CHICAGO, IL 60614
AMBR	ICARUS INVESTMENT GROUP, LLC 1200 SHERMER ROAD, SUITE 206
	NORTHBROOK, IL 60062
(Use attachment if necessary)	(OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be a of filing.)  If the date inserted in this block does no	tte of filing: June 24, 2016 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 da  t meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be a of filing.)	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the date fective date is listed, the date must be e of filing.)  If the date inserted in this block does no ument's effective date on the Department.  LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a tribing document is exert am aware that any faconstitutes a third degree of the constitutes at the date of the constitutes at the constit	t meet the applicable statutory filing requirements, this date will not be not of State's records.

Page 2 of 2