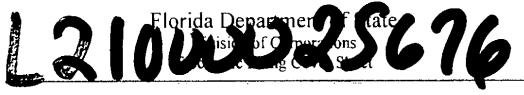
1/27/2021

From: Ranae McGraw

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Add	re	SS	:
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FLORIDA LIMITED LIABILITY CO.

1141 N. Venetian Dr. LLC

Certificate of Status	0
Certified Copy	l
Page Count	03
Estimated Charge	\$155.00

EAR 2 8 2021

T. SCOTT

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•	10
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
1141 N. Venetian Dr. J.L.C		
	12. 911025	
(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	ity Company is:	
Principal Office Address	Mailing Address	

6821 W. North Avenue, Suite 200	6821 W. North Avenue, Suite 200
Oak Park, Illinois 60302	Oak Park, Illinois 60302

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.

C T Corporation Sys	item	
	Name	•
1200 South Pine Isla	ınd Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
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. Thereby 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..

By: Stephanie Hencz, assistant secretary 1/27/2021

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JAH 27 PH 12: 21

From: Ranae McGraw

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company. Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Andre Radandt MGR 1141 N. Venetian Dr. Miami, Florida, 33139 (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. REOUIRED SIGNATURE: /s/Andre Radandt 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. Andre Radandt, manager Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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