

Division of Corporations

**L2200003618830948**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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 : COGENCY GLOBAL, INC.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (800)944-6607

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
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22 JAN 27 PM 12:28

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**FLORIDA LIMITED LIABILITY CO.  
NORTH PARK VENTURES FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 JAN 27 PM 3:57

**FILED**

**22 JAN 27 PM 12: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: North Park Ventures Florida LLC**  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad M. Poznansky

\_\_\_\_\_  
Name of Person

Clark Hill PLC

\_\_\_\_\_  
Firm/Company

130 E. Randolph Street, Suite 3900

\_\_\_\_\_  
Address

Chicago, IL 60601

\_\_\_\_\_  
City/State and Zip Code

cpoznansky@clarkhill.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel M. Borek                      312                      312-360-2128  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**FILED**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

22 JAN 27 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

North Park Ventures Florida LLC

(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 Company is:

**Principal Office Address:**

**Mailing Address:**

1628 N. Wells, Unit 1  
Chicago, IL 60614

1111 SW 1st Ave.  
Unit 2625  
Miami, FL 33130

**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:

Robert Sekula

Name

1111 SW 1st Ave., Unit 2625

Florida street address (P.O. Box **NOT** acceptable)

Miami                      FL                      33130

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..*

*Robert Sekula*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Robert Sekula  
1628 N. Wells, Unit 1  
Chicago, IL 60614

MGR

Eric Turrin  
1628 N. Wells, Unit 1  
Chicago, IL 60614

MGR

Gediminas Bulota  
1628 N. Wells, Unit 1  
Chicago, IL 60614

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(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.

The limited liability company shall be manager-managed.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Robert Sekula*

**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.

Robert Sekula

Typed or printed name of signer

**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)

REGISTRY OF STATE  
FILED  
JAN 27 2022

22 JAN 27 PM 12:28

FILED