1/27/2022

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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 of annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

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

Certificate of Status	0
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Help

S. CHATHAM JAN 28 2022

TO:

**New Filing Section** 

To:

# FILEB

#### **COVER LETTER**

22 JAN 27 PH 12: 28

Di	Division of Corporations					SERRETARY OF STALL PARTY OF STALL PA	
SUBJECT:	North Park Ventures Florida LLC					A MICE STATE AND STATE OF A STATE	
SOMECT.		Nam	e of Limi	ited Liabili	ty Company	<del></del>	
The enclose	d Articles of	Organization and f	ee(s) are	submitted	for filing.		
Please retur	n all correspo	ondence concerning	this mat	ter to the fo	oltowing:		
	Chad M. Po	иnansky					
	· · · · <del></del>			Name of	Person	<u> </u>	
	Clark Hill P	LC					
	Firm/Company						
	130 E. Rand	olph Street, Suite 3	900		4.		
				Addre	ess		
	Chicago, IL	60601					
(	poznansky@	clarkhill.com	Cit	ty/State and	l Zip Code		
_	1	E-mail address: (to	be used f	or future a	nnual report notificat	ion)	
For further in	formation co	ncerning this matte	r, please	call:			
	Daniel M. Bo	orek	312 at (	-	312-360-2128		
-	Nam	e of Person	Are	ea Code	Daytime Telephon	e Number	
Enclosed is	a check for t	he following amou	nt:				
<b>■</b> \$125.00	Filing Fee	□\$130.00 Filing Certificate of St		Certifie	i.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailin	g Address			Street Address		

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

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

# FILES

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

				22 JAN 27	PM 12: 28
The name of the Limited Liabi			SECRETARY	OF STATE	
	North Park Ve	entures Florida LLO			
(Must con	ntain the words "Limited L	iability Company.	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:		
<u> Princi</u>	pal Office Address:		Mailing Ad	dress:	
1628 N. Wells, Uni	t I	1111	SW 1st Ave.		
China II (A(14		Unit	2625		
Chicago, IL 60614	<del> </del>				
ARTICLE III - Registered A (The Limited Liability Compar	y cannot serve as its own	Mian  & Registered Agent.  Registered Agent.		individual or	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with ar	ly cannot serve as its own lactive Florida registration	Mian Mian Mian Megistered Agent. Van.)	t's Signature:	individual or	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	y cannot serve as its own active Florida registration t address of the registered	Mian & Registered Agent. You n.) agent are:	t's Signature:	individual or	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	y cannot serve as its own active Florida registration t address of the registered	Mian Mian Mian Megistered Agent. Van.)	t's Signature:	individual or	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	y cannot serve as its own active Florida registration that address of the registered Rol	Mian & Registered Agent. Registered Agent. n.) agent are:	t's Signature: Cou must designate an i	individual or	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	y cannot serve as its own active Florida registration that address of the registered Rol	Mian & Registered Agent. Van.) agent are: Dert Sekula Name Van. Unit 262	t's Signature: Cou must designate an i	individual or	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	y cannot serve as its own active Florida registration that address of the registered Rol	Mian & Registered Agent. Van.) agent are: Dert Sekula Name Van. Unit 262	t's Signature: Cou must designate an i	individual or	
ARTICLE III - Registered A (The Limited Liability Compar another business entity with ar	y cannot serve as its own active Florida registration that address of the registered Rol	Mian  & Registered Agent. Year  Registered Agent. Year  agent are: bert Sekula  Name  Value Ave., Unit 262  (P.O. Box NOT accessed agent a	t's Signature: (ou must designate an i	individual or	

L 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)

Page: 4 of 4

### ARTICLE IV-

To:

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Robert Sekula	
	1628 N. Wells, Unit 1 Chicago, IL 60614	
	Cincago, 12 00014	
MGR	Eric Turrin	
	1628 N. Wells, Unit 1 Chicago, IL 60614	
_MGR	Gediminas Bulota	
	1628 N. Wells, Unit 1 Chicago, IL 60614	
(If an effective date is listed, the date mu the date of filing.)  Note: If the date inserted in this block do the document's effective date on the Dept	the date of filing:  (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 uses not meet the applicable statutory filing requirements, this date will not partment of State's records.	
ARTICLE VI: Other provisions, if any.  The limited liability company shall be ma	anager-managed.	<del></del>
REQUIRED SIGNATURE:		
	Robert Sekula	
This document in I am aware that a	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.	
	Robert Sekula	
<del></del>	Typed or printed name of signee	22

### 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)