ACCOUNT NUMBER: FCA00000005

ACCOUNT NORDERC						:	
REFERENCE: (Sub Account)		587-	1			-	1 1
DATE:	11-			-			
REQUESTOR 'HAND:	Lexis	Docu	ment s	Servic	<u>es</u> .	• • • • • • • • • • • • • • • • • • • •	
ADDRESS:		•••				-	- -
_			300	00034	<u>67</u> 80	13-	
TELEPHONE: (.) (<u>-</u>		oxt ()		,
CONTACT NAME:		 		·····			
בסתיסתידוסוו וואדני:	JLS	Real	Estate	, LLC			
DOCUMENT NUMBER: (if applicable)		7 //	1-1	Λ,			
AUTHORIZATIOH: _	Cypille	n J	1000 pc	yald	SECRE	NON OO	A.
CERTIFIED COP X CERTIFICATE O X PLAIN STAMPED	F STATUS (1-113t) 9) 		TARY OF ST	16 PH 1:	PROVED AND
) Call When Road) Walk In) Hail Out) Jy ()	Call Will	if Problemait	a 10 (ATE A		. √:30 Db

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JLS Real Estate, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1517 Winterberry Lane Darien, Illinois 60561

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Lexis Document Services INC-
Name
3953 WW Kelley Road
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32311
City, State, and 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, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article myst spadied if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William J. Cotter

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

OO NOV 16 PM 1:01
SECRETARY OF STATE
TALLAHASSEF, FLORING