



LOI 0000010441

ACCOUNT NO. : 072100000032

REFERENCE : 200134 5017647

AUTHORIZATION :

COST LIMIT :

\$ 125.00

Patricia Pizito

ORDER DATE : June 26, 2001

ORDER TIME : 12:01 PM

ORDER NO. : 200134-005

200004448092--7

CUSTOMER NO: 5017647

CUSTOMER: Elizabeth Creamer, Legal Asst
Bryan Cave LLP

One Metropolitan Square
211 North Broadway, Suite 3600
St. Louis, MO 63102-2750

DOMESTIC FILING

NAME: 402F, LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

RECEIVED
01 JUN 27 PM 1:00
DIVISION OF CORPORATION

APPROVED
AND
FILED
01 JUN 27 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB
6-27-01

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

ARTICLE I - Name:

The name of the Limited Liability Company is: 402F, LLC

ARTICLE II - Address:

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

1075 Eastgate Drive, Suite 4
P.O. Box 787
O'Fallon, Illinois 62269

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

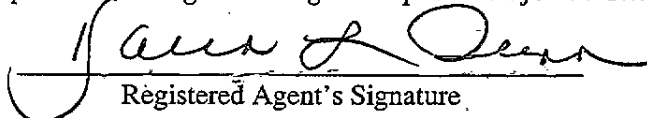
The name and the Florida street address of the registered agent are:

Corporation Service Company
Name

1201 Hays Street
Florida Street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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 608, F.S.


Registered Agent's Signature

Robert G. Wolfe.

Typed or printed name of signee

By: 

Name: Robert G. Wolfe

Title: member

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)

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