

<u>Lo200017436</u>

| ACCOUNT NO.: 072100000032 REFERENCE: 589037 7175508 AUTHORIZATION: Tatricia 14445 COST LIMIT: \$ 125.00 155.00 | FILED 02 MAY 21 PM 1 SLORLIANT OF S TALLANASSEE, FL |
|---|---|
| ORDER DATE : May 20, 2002 | I ATE |
| ORDER TIME : 12:17 PM | |
| ORDER NO. : 589037-005 | 00055774936 |
| CUSTOMER NO: 7175508 | uuusiisus . |
| CUSTOMER: Mr. Robert Connolly Levenfeld Pearlstein Glassberg Tuchman Bright Goldstein & Sch 33 West Monroe Street 21st Floor Chicago, IL 60603-5448 | RECEIV 02 NAY 21 F DEPARTMENT OF CORF TALLAHASSEF. |
| DOMESTIC FILING NAME: DREAM ISLAND, LLC | F STATE AL |
| EFFECTIVE DATE: | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Sara Lea - EXT. 1114 EXAMINER'S INITIALS | : |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DREAM ISLAND, LLC

ARTICLE II - Address:

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

| 38 PACE BEAGUINGTON | | | | | TOO, ID. |
|---|--|--|---|-----------------------------------|------------|
| 25 EAST WASHINGTON STR ARTICLE III - Registered | RET, SUITE 925, Agent, Registered (| Chicago, ii Office, & Re | LINOIS 60602 gistered Agent? | s Signature | et |
| The name and the Florida str | | | | TAL TAL | 02 |
| <u> </u> | Corporation | B Service (| ompanv | ZY. | 3 |
| | Name | | | F= | |
| | 1201 | Hays Street | . | SEF. | - HO |
| | Florida street address (1 | O. Box <u>NOT</u> | ассеркавје) | | |
| | Tallahassee | FL | 32301 | 0RIC 1180 | = |
| | City, Sta | ite, and Zip | | • >E | -\$ |
| registered agent and agree to statutes relating to the proper accept the obligations of my particle IV - Management (The Limited Liability Control of the refore, a manager - | complete perior constition as registered corporation servi Register Check box if application | mance of my agent as prop co-Company co Agent's Sign | duties, and I am pided for in Chap Lature | familiar wit Her 608, F.S — | h and S |
| Signature (In second of this doc | of a mamber of an authorise with section 608.40 ance with section 608.40 ament constitutes on affiliated herein are true.) | orized representation and a structure of the structure of | italive of a membe | &r | |
| | Keith K | .09 \$ | | | |

Typed or printed name of signee

\$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)