

L020000028139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

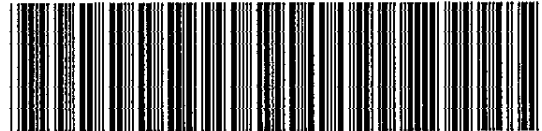
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02 OCT 22 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02 OCT 22 AM 11:56

DIVISION OF CORPORATION



ACCOUNT NO. : 072100000032

REFERENCE : 789347 4802844

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 21, 2002

ORDER TIME : 10:09 AM

ORDER NO. : 789347-010

CUSTOMER NO: 4802844

CUSTOMER: Ms. Bonnie Heacock
Neal Gerber & Eisenberg

Two North Lasalle Street
Suite 2200
Chicago, IL 60602

DOMESTIC FILING

NAME: S & R BOCA, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

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DIVISION OF CORPORATION

W02-30624



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 22, 2002

NORMA HULL
CSC

SUBJECT: S & R BOCA, LLC
Ref. Number: W02000030424

RESUBMIT

Please give original
submission date as file date.

We have received your document for S & R BOCA, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 502A00058412

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S & R Boca, LLC

ARTICLE II - Address:

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

1801 Clint Moore Road, Suite 200, Boca Raton, FL 33487

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, and Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Corporation Service Company

By:

Lynette Coleman
Registered Agent's Signature **Lynette Coleman**
as its agent

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 must be added if an effective date is requested)

Bonnie E. Heacock
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.)

Bonnie E. Heacock, Authorized Representative

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)