## - L030000052444

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only

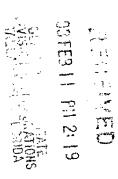
SEURETARY OF STATE TALLAHASSEE, FLORIDA



800011130518

U2/11/03-01054-020 \*\*155.00

AL





UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue 526 East Park Avana Tallahassee, Florida 32301 FILED (850) 681-6528

03 FEB 11 PM 1: 07

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

SECRETARY OF STATE

TALLAHASSEE, PLOT					Collina	February 11, 2003	
C	RRVICES	CORPO	RATION N	NAM	E (S) AND DOCU	MENT NUMBER (S):	
<b>X.</b> ,#.	Backlasi	h LLC	元。 ""		· · · · · · · · · · · · · · · · · · ·		
			- 1				
	Filing Evidence  □ Plain/Confirmation Copy				Type of Docum Certificate of Sta		
	⊠ Certified Copy		- <u>18</u> _	ood Standing			
				□	Articles Only		
	Retrieval Request  Photocopy  Certified Copy		. <del></del>		Articles & Amendments Fictitious Name Certificate		
<u> </u>	>EN EU DIOG				· · · · · · · · · · · · · · · · · · ·	1	
	NEW FILINGS Profit		AMENDMENTS  Amendment				
	Non Profit			A O	fficer/Director		
X	Limited Liability		ge of Regis				
	Domestication	Dissolution/Withdrawal					
	Other	Merger					
			<del></del>	 :		•	
	OTHER FILINGS		REGISTRATION/QUALIFICATION				
	Annual Reports	Foreign					
	Fictitious Name	Limited Liability_					
	Name Reservation	Reinstatement					
	Reinstatement	Trade	emark	<del>=</del>			

Other

SECRETARY OF STATE TALLAHASSEE, FLORID.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | PM 1:0

ARTICLE I - Name:

The name of the Limited Liability Company is:

BACKLASH LLC

## ARTICLE II - Address:

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

401 N. Michigan Avenue, Ste. 2510, Chicago, IL 60611

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

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

NRAI SERVICES, INC.					
Name					
526 B. Park Avenue					
Florida street address (P.O. Box NOT acceptable)					
Tallahassee FL 32301					
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.

An additional article must be added 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 L. Sharp, Member

Typed or printed name of signee

Filing Fees:

\$190.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)