

# L03000033495

(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:

Name  
Availability

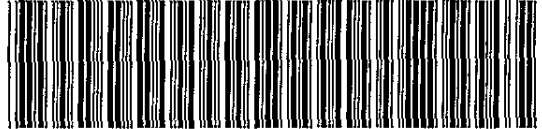
Document  
Examiner DCC

Updater DCC  
Office Use Only

Updater  
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



100022448861

09/05/03--01016--001 \*\*25.00

09/02/03--01022--005 \*\*135.00

FILED  
03 SEP -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

① Check 1st transect business

9/28/03

To Whom This may Concern:

★ Please note:

The "Certificate of Des. of Requested Agent" is coming overnight del. Friday in a separate envelope.

A check for \$135<sup>00</sup>

100<sup>00</sup> File Fee

25<sup>00</sup> Registered Agent

★ 10<sup>00</sup> 2 Copies of STARS.

FILED  
03 SEP -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

★ AN OVERNIGHT ENVELOPE has been included for you to SEND IT DIRECTLY TO - (SEND ALL PAPERS TO!)  
→ OLYMPIA MORTGAGE, CAPE CORAL, FL  
239.549.6600

★★ ANY QUESTIONS: PLEASE CALL ME

Nancy CLAES

630-257-5214

CELL # 847-917-2172

Thank You for your time

Nancy Claes

Diane,

9-3-02

The lender I am trying to do business with advised me that I cannot just register in Florida I actually have to Organize in the State of Florida

Please do not register The Waterstreet Group rather here are the papers to Organize. Please use the original Registered Agent form sent to you by Cindy Wickhaman.

The extra \$25 is for the extra amount I sent you \$135 -  
I need a certified copy (1)  
and a Certificate of Status (1)

= \$160<sup>00</sup>

Please call me with any questions about putting our LLC in Illinois as a MNS/MEMBER of Your LLC  
THANKS SO MUCH !!! Nancy Claes.  
630-257-5214

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE WATERSTREET GROUP LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1401 CHESTNUT CROSSING  
LEMONT, IL 60439

**Mailing Address:**

SAME

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

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

*You already  
have this!*

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Florida street address (P.O. Box **NOT** acceptable)  
\_\_\_\_\_  
FL  
City, State, and Zip

FILED  
03 SEP -2 AM 8:00  
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..*

\_\_\_\_\_  
Registered Agent's Signature

**(CONTINUED)**

FROM : WATERSTREETGROUP

08/26/2003 10:31 FAX 2395490807

FAX NO. : 630 257 5214

OLYMPIA MORTGAGE

Aug. 28 2003 11:10AM P1

0004

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

THE WATERSTREET GROUP LLC

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

Cindy Winkelman  
(Name)

20430 Talon Trace

Florida street address (P.O. Box NOT ACCEPTABLE)

Estero FL 33928  
(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 SEP -2 AM 8:00

FILED

*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.*

Cindy Winkelman  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
~~\$ 30.00 Certified Copy (optional)~~  
\$ 5.00 Certificate of Status (optional) → \*

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

① Nancy Claes  
1401 CHESTNUT CROSSING  
LEMONT, IL 60439

MGRM

② DAVID SWEITZER  
1401 CHESTNUT CROSSING  
LEMONT, IL 60439

MGR

③ ALEX SWEITZER  
SAME ADDRESS

MGR

④ Kelly Claes  
SAME

⑤ Tim CLAES  
SAME ADDRESS

⑥ THEY ARE STREET GRAD!!  
1401 CHESTNUT CROSSING  
LEMONT, IL, 60439

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested. (ILLINOIS BASED)

**REQUIRED SIGNATURE:**

Nancy Claes

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.)

NANCY CLAES

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)