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04 JAN -9 PM 12:57  
DIVISION OF CORPORATION

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04 JAN -9 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 388698 7147117

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia P. P.*

FILED  
JAN 9 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 8, 2004

ORDER TIME : 10:36 AM

ORDER NO. : 388698-005

CUSTOMER NO: 7147117

CUSTOMER: Ms. Heidi Belz  
Barnes & Thornburg

Suite 4400  
1 N. Wacker Drive  
Chicago, IL 60606

DOMESTIC FILING

NAME: CROW DAY LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

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

04 JAN -9 PM 4:10  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Crow Day LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

626 Southwest 5th Avenue

Ft. Lauderdale, FL 33315

**Mailing Address:**

626 Southwest 5th Avenue

Ft. Lauderdale, FL 33315

**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, FLORIDA 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, Florida Statutes..*

Deborah D. Skipper

Registered Agent's Signature

**Deborah D. Skipper**  
Asst. V. Pres.

**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

Lincoln W. Day

626 Southwest 5th Avenue

Ft. Lauderdale, FL 33315

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Charles J. Schultz, Esq., Authorized Representative

\_\_\_\_\_  
Typed or printed name of signer

**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)