

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

.: (850)222-1092

Fax Number

; (850)222-9428

LIMITED LIABILITY COMPANY

LRI Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FinalWorld Whole Whole

Companie Filing

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: LRI Management LLC	:	
LKI Management LLC		_
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
340 West Barry Ave., Coach House	340 West Barry Ave., Coach House	_
Chicago, IL 60857	Chicago, IL 60657	-
•		大山震
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r		CORPOR
CT Corporation System		AM 10: 08
Name		
1200 South Pine Island Road		
Florida areet address (P.	O. Box NOT acceptable)	
Plantation	FLORIDA 33324	
City, State,	and 7:n	*1

Having hear 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..

Registered Agent's Signature

Christina M. Eastwine Assistant Secretary

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" ≈ Manager "MGRM" ≈ Managing Member	Name and Address:
MGRM	Daniel Melk 340 West Barry Ave., Coach House Chicago, IL 50657
· · · · · · · · · · · · · · · · · · ·	
(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.)

Michelle Jackson, Authorized Representative of the member Typed or printed name of signes

Filing Feet:

\$100.00 Filing Fee for Articles of Organization

- 5 25.00 Designation of Registered Agent 5 30.00 Certified Copy (Optional)
- 3 5.00 Certificate of Status (Optional)

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