# L0400089853

(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:			





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ACCOUNT NO. : 072100000032

REFERENCE: 079932 4304492

AUTHORIZATION:

COST LIMIT : \$ 125.00

ORDER DATE : December 13, 2004

ORDER TIME : 2:35 PM

ORDER NO. : 079932-005

CUSTOMER NO: 4304492

CUSTOMER: Ms. Laura Colton Tepper

Piper Rudnick Llp

Suite 1800

203 North Lasalle Street Chicago, IL 60601-1293

### DOMESTIC FILING

NAME: VG MHC, LLC

#### EFFECTIVE DATE:

<u>vv</u> -	RITICLES	OF.	ORGANIZATIO	W
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS:

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

ARTICLES OF ORGAN FOR FLORIDA LIMITED LIABIL ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Linned Liability Company is.	Er.	
VG MHC, LLC		
ARTICLE II - Address: The mailing address and street address of the principal of		
Principal Office Address:	Mailing Address:	
8833 Gross Point Road, Suite 208	8833 Gross Point Road, Suite 208	
Skokie, Illinais 60077	Skokie, Illinois 60077	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	& Registered Agent's Signature:	
Corporation Service Company		
Name	<del></del>	
1201 Hays Street Florida street address (P.O. Box NO	T acceptable)	
	ORIDA 32301	

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..

City, State, and Zip

Deborah D. Skipper Asst. V. Pres. Registered Agent's Signature

Page I of 2 (CONTINUED)

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member DH Village Glen, LLC, a Florida MGRM limited liability company 8833 Gross Point Road Skokie, Illinois 60077 (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.

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

Filing Fees: \$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Alison M. Mitchell, Authorized Representative
Typed or printed name of signee

that the facts stated herein are true.)