

L040000093617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

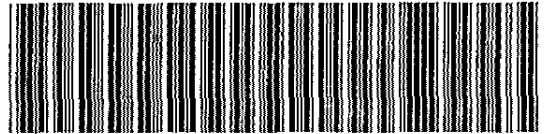
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 108586 4802844

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 27, 2004

ORDER TIME : 9:10 AM

ORDER NO. : 108586-015

CUSTOMER NO: 4802844

CUSTOMER: Marcela Godoy
Neal Gerber & Eisenberg LLP

Suite 2200
Two North Lasalle Street
Chicago, IL 60602

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DOMESTIC FILING

NAME: BOUCHELLE 405 DEVELOPMENT LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bouchelle 405 Development LLC

ARTICLE II - Address:

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

Principal Office Address:

285 West Dundee Road

Palatine, Illinois 60074

Mailing Address:

285 West Dundee Road

Palatine, Illinois 60074

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

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

Anthony P. DiMucci

Name

3422 South Atlantic Avenue

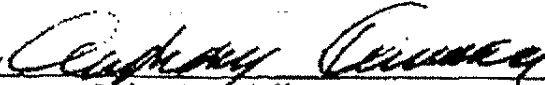
Florida street address (P.O. Box NOT acceptable)

Daytona Beach FLORIDA 32118

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.

By


Registered Agent's Signature

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

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

Title:

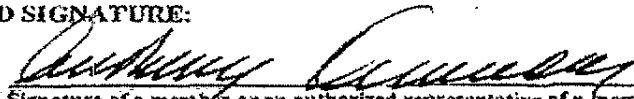
"MGR" = Manager

"MGRM" = Managing Member

Joseph DiMucci Grantor
Trust, MGRM**Name and Address:**285 West Dundee Road
Palatine, Illinois 60074

(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.)

 Anthony P. DiMucci, Trustee of
 By: Joseph DiMucci Grantor Trust
 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)