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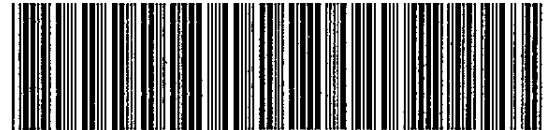
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Verifier DCC

Amendment DCC

Verify DCC

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LAW OFFICES

**HARRINGTON & TOCK**

SUITE 601, HUNTINGTON TOWERS  
201 WEST SPRINGFIELD AVENUE, P.O. BOX 1550  
CHAMPAIGN, ILLINOIS 61824-1550  
TELEPHONE (217) 352-4167  
FACSIMILE (217) 352-8707

EARL C. HARRINGTON (1895-1981)  
W. KENNETH PORTER (1919-1996)  
J.C. ERMENTROUT (1912-1998)

THOMAS E. HARRINGTON  
DANIEL G. HARRINGTON\*  
JEFFREY W. TOCK

\*ALSO ADMITTED IN FLORIDA

100 EAST LINTON BOULEVARD  
SUITE 215B  
DELRAY BEACH, FLORIDA 33483  
TELEPHONE (561) 279-1840  
FACSIMILE (561) 279-1842

OF COUNSEL  
KIP RANDOLPH POPE

December 22, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Dodds Development LLC

To Whom It May Concern:

Enclosed please find a Transmittal letter and Articles of Organization for Dodds Development LLC together with a check in the amount of \$125.00 for the filing fee. Please stamp the enclosed copy and return it to me in the enclosed overnight envelope. Please let me know if you have any questions.

Very truly yours,

HARRINGTON & TOCK



Thomas E. Harrington

TEH/ad  
Enclosure

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dodds Development LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas E. Harrington  
(Name of Person)

Harrington & Tock  
(Firm/Company)

P.O. Box 1550  
(Address)

Champaign, IL 61824-1550  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Harrington at ( 217 ) 352-4167  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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JUN 16 2004  
P. 3 54

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Dodds Development LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

3001 Research Road  
Champaign, IL 60822

#### Mailing Address:

P.O. Box 6449  
Champaign, IL 61826-6449

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

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

Daniel G. Harrington

Name

100 East Linton Boulevard, Suite 215 B


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

Delray Beach, FL 33483

FL

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, F.S..*

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

(CONTINUED)

**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

Newton H. Dodds

3001 Research Road

Champaign, IL 61822

MGRM

Jason H. Dodds

3001 Research Road

Champaign, IL 61822

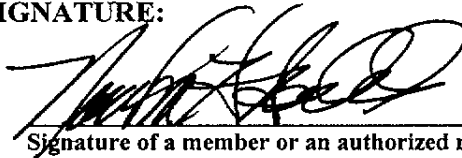
 

(Use attachment if necessary)

**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.)

Newton H. Dodds

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**