

L05000005610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

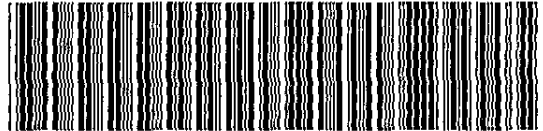
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600044497696

RECEIVED  
05 JAN 19 AM 11:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2005 JAN 19 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. B. MAN

JAN 19 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 149395 4304492

AUTHORIZATION :

*Patricia Pignatelli*

COST LIMIT : \$ 125.00

ORDER DATE : January 18, 2005

ORDER TIME : 9:28 AM

ORDER NO. : 149395-010

CUSTOMER NO: 4304492

CUSTOMER: Ms. Laura Colton Tepper  
Dla Piper Rudnick Gray Cary  
Us Llp  
Suite 1800  
203 North LaSalle Street  
Chicago, IL 60601-1293

DOMESTIC FILING

NAME: RSPI MHC, LLC

FILE SECOND

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: Troy Todd - EXT. 2940

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

FILED  
2005 JAN 19 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2005 JAN 19 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RSPI MHC, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8833 Gross Point Road, Suite 208

Skokie, Illinois 60077

**Mailing Address:**

8833 Gross Point Road, Suite 208

Skokie, Illinois 60077

**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

MGRM

**Name and Address:**


RSPI Manager, LLC, a Florida  
limited liability company  
8833 Gross Point Road  
Skokie, Illinois 60077

(Use attachment if necessary)

FILED  
2005 JAN 19 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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.)

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

**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)