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	PICK-UP	☐ WA	AIT MAIL				
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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TRANSMITTAL LETTER

	Registration Section Division of Corporations				
SUBJEC	: CHICAGO/HANCOCK WIRELESS PARTNERS, LLC				
	(Name of Limited Liability Company)				
The encl	osed Articles of Organization and fe	e(s) are submitted for filing.			
	Please return all corr	respondence concerning this matter to the following:			
	Sean Milroy				
		(Name of Person)			
	First American Fiduciary, Lc				
		(Firm/Company)			
19	982 Vienna Ave, Dept 200				
		(Address)			
	Deltona, FL 32725				
		(City/State and Zip Code)			
For furth	er information concerning this matte	er, please call:			
Sean M	litroy	at (386) 789-1732			
	(Name of Person)	(Area Code & Daytime Telephone Number)			

\$ \$130.00 FILING FEE + Certificate of STATUS

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

SECKETARY OF STATE.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:				
CHICAGO/HANCOCK WIRELESS PARTNE	CHICAGO/HANCOCK WIRELESS PARTNERS, LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company					
Principal Office Address:	Mailing Address:				
1982 Vienna Ave, Dept 103	1982 Vienna Ave, Dept 103				
Deltona FL 32725	Deltona FL 32725				
The name and the Florida street address o	f the registered agent are: Name				
1982 Vienna Ave					
Florida street addre	ess (P.O. Box NOT acceptable)				
Deltona City,	FLORIDA 32725 State, and Zip				
company at the place designated in this certificate, agree to act in this capacity. I further agree to comp and complete performance of my duties, and I am for registered agent as provided for	apt service of process for the above stated limited liability. I hereby accept the appointment as registered agent and ally with the provisions of all statutes relating to the proper amiliar with and accept the obligations of any position as or in Chapter 608, Florida Statutes.				

Page 1 of 2 (CONTINUED)

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

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

Title: Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM	Liquidation Traders, Inc. (Charles L. De Biasse, Pres.)	4 Park Avenue Madison NJ 07940
MGRM	Edwin H. Strain	12320 West Ranchettes Dive Tucson, AZ 85743
MGRM	Scott Ferreira	3232 Brookwood Drive Lafayette, CA 94549
MGRM	Allen D. Vandervoort	7729 W. Oxford Place Lakewood, CO 80235
MGRM	Randi L. Wortham	1211 Cadys Cove Drive Hanover, VA 23069
MGRM	Cathy H. Bagwell	1917 Dixie Drive Newberry, SC 29108
MGRM	Ernest R. Looney, Jr.	193 San Pablo Court # B Marina, Ca 93933

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.)

Typed or printed name of signee