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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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# GIGNILLIAT & HYMEN, P.C.

ATTORNEYS AT LAW

SUITE 530

LEIGH R. GIGNILLIAT III ROGER J. HYMEN 500 SKOKIE BOULEVARD NORTHBROOK, ILLINOIS 60062 (847) 564-7880 FAX (847) 564-7890

(312) 236-6102

February 2, 2005

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## RE: WARSTEINER LLC

Ladies & Gentlemen:

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

Please return all correspondence concerning this matter to the following:

Roger J. Hymen Gignilliat & Hymen, P.C. 500 Skokie Blvd., Ste 530 Northbrook, IL 60062

For further information concerning this matter, please call me.

Enclosed is our check for \$125.00 representing the Filing Fee.

Very truly yours,

Roger J. Hymen

RJH/cm Enclosure FILED

OS FEB || PM |2: 00

SECRETAL STATE

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	y is:
WARSTEINER LLC	
ARTICLE II - Address:	he principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
	<del></del>
8386 Shadowwood Blvd.	8386 Shadowwood Bivd.
Coral Springs, FL 33071	Coral Springs, FL 33071
8386 Sha	ye Steiner lame dowwood Blvd. ct address (P.O. Box <u>NOT</u> acceptable)
	·
Coral Springs, FL 33071  City, State, and Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 6085.S.

(CONTINUED)

Page 1 of 2

FL052 - 10/12/04 C T System Online

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

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

<u> </u>	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Faye Steiner, "MGR"	8386 Shadowwood Blvd.
	Coral Springs, Florida 33071
	-
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	-
\ 	Fuye Atlenes an authorized representative of a member.
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.)

Faye Steiner

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) OS FEB II PM 12: 00
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TALLAMASSEE STORIDA

Page 2 of 2