

LD5000022005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

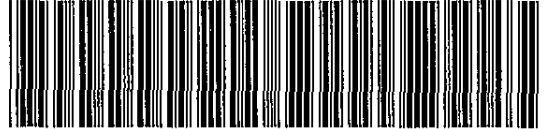
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05 MAR -4 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 236345 4323958

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 125.00

ORDER DATE : March 3, 2005

ORDER TIME : 9:32 AM

ORDER NO. : 236345-005

CUSTOMER NO: 4323958

CUSTOMER: Mr Bruce Vanyek
Chuhak & Tecson, P.c.

Suite 2600
30 S. Wacker Drive
Chicago, IL 60606

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: TRIPLE M, LLC

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: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIPLE M, LLC

ARTICLE II - Address:

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

Principal Office Address:

500 East Main Street

Lake Zurich, IL 60047

Mailing Address:

500 East Main Street

Lake Zurich, IL 60047

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

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

Ronald Steinberg

Name

3900 N. Hills Drive

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

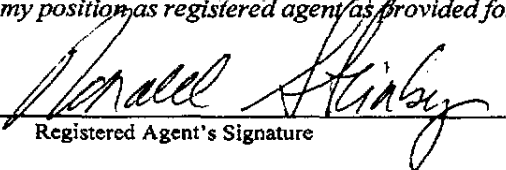
Hollywood

FL

33021

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)

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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:

MGR

Mark H. Sherman

500 East Main Street

Lake Zurich, IL 60047

MGR

Michael S. Sherman

500 East Main Street

Lake Zurich, IL 60047

MGR

Marc L. Berman

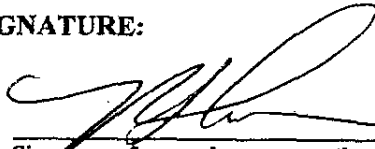
1911 Dale Avenue

Highland Park, IL 60035

(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.)

Michael S. Sherman

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)