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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations

SUBJECT: C.I., 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:

	Shani	ion Kister	
	Q	Name of Person)	
		Teasdale LLP Firm/Company)	For St T
	·		A1126
	One Metropolitz	in Square, Ste. 2600	Fig is in
		(Address)	PH 2: 19
		, MO 63102	P
	(City/	State and Zip Code)	
Shannon Kister		at (314) 621-5070	
(Name	of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	r the following amount:		
Ø \$125.00 Filing Fee	Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	MAILING ADDRESS: Registration Section	
Divisi	on of Corporations	Division of Co	orporations
	Gaines Street	P.O. Box 6327	
181/20	assee, Florida 32399	Tallahassee, F	10nda 32314

ARMSTRONGTEASDALELLP

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ATTORNEYS AT LAW

May 23, 2005

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

Re: C.I., LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization, in duplicate, on behalf of the above referenced company along with a check in the amount of \$125.00. Please file the articles upon receipt.

Once the articles have been filed please return the filed stamped copy to my attention in the enclosed self addressed stamped envelope. If you have any questions regarding the enclosed documents please feel free to contact me.

Yours truly,

Shannon Kister Legal Assistant



SPK Enclosures cc: Robert Graham

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.I. LLC

ARTICLE II - Address:

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

Principal Office Address:

c/o EICON Properties, Inc. 16650 Chesterfield Grove Road, Ste. 120

Chesterfield, MO 63005

Mailing Address:

16650 Chesterfield Grove Road, Ste. 120 Chesterfield, MO 63005



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..

James B. Eisenhart Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

Member

Member

Manager

James . B. Eisenhart Revocable Trust U/A dtd 1/30/97, 26115 Fawnwood Ct., Bonita Springs, FL 34134

Gordon Mathews

Name and Address:

650 Washington Road Pittsburgh PA 15228

James B. Eisenhart 26115 Fawnwood Court Bonita Springs, FL 34134

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

of a member or an authorized representative of a member. Signature

(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.)

James B. Eisenhart Typed or printed name of signee

AHASSEE, FI

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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)

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