

L05000059834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

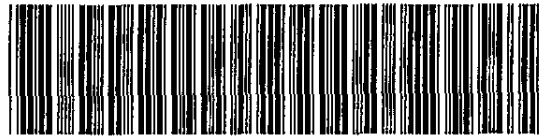
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DIVISION OF CORPORATION

05 JUN 16 AM 10:43

RECEIVED

FILED
05 JUN 16 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 431488 105632A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
05 JUN 16 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 16, 2005

ORDER TIME : 9:17 AM

ORDER NO. : 431488-005

CUSTOMER NO: 105632A

CUSTOMER: Mr. Craig J. Cobine
Dommermuth Brestal Cobine &
West
P.O. Box 565
123 Water Street
Naperville, IL 60566

DOMESTIC FILING

NAME: OLIVER-HOFFMANN SEVILLE, 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:

Oliver-Hoffmann Seville, LLC

ARTICLE II - Address:

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

Principal Office Address:

2050 South A1A

Unit 5

Jupiter, Florida 33477

Mailing Address:

2050 South A1A

Unit 5

Jupiter, Florida 33477

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

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

Camille O. Hoffmann

Name

2050 South A1A, Unit 5


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

Jupiter

FL 33477

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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TALLAHASSEE, FLORIDA

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:

MGRM

Camille O. Hoffmann

2050 South A1A, Unit 5

Jupiter, Florida 33477

(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.)

Camille O. Hoffmann

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)