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DEPARTMENT OF STATE  
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 494310 97141A

AUTHORIZATION :

*Patricia Tzitzis*

COST LIMIT : \$ 130.00

FILED  
05 JUL 21 PM 5:21  
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ORDER DATE : July 20, 2005

ORDER TIME : 1:31 PM

ORDER NO. : 494310-010

CUSTOMER NO: 97141A

CUSTOMER: Richard W. Kuhn, Esq  
Kuhn. Heap & Monson

Suite 100, Naper Office Plaza  
552 South Washington Street  
Naperville, IL 60540

DOMESTIC FILING

NAME: EGMONT, L.L.C.

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  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EGGMONT, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6045 Sherwin Drive  
Port Richey, FL 34668-6751

Mailing Address:

6045 Sherwin Drive  
Port Richey, FL 34668-6751

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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..*

CORPORATION SERVICE COMPANY

By: Cynthia L. Harris  
Registered Agent's Signature

**Cynthia L. Harris**  
**as its agent**

(CONTINUED)

**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 \_\_\_\_\_

William F. Cullerton \_\_\_\_\_

6045 Sherwin Drive \_\_\_\_\_

Port Richey, FL 34668-6751 \_\_\_\_\_

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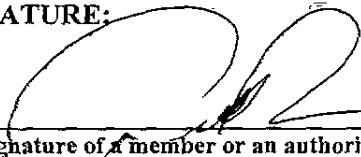
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(Use attachment if necessary)

**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.)

Richard W. Kuhn, authorized representative \_\_\_\_\_

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)