

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number :

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

LIMITED LIABILITY COMPANY

OCEANNA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

12/18/

FIRST ONE FUNDEMENT

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Public Assess Help

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312 345 4344 P.03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name:			0	
The name of the Limited Liability Com	pany is:	SECH	05 DEC	
OCEANNA HOLDINGS LLC		- ASS	1.	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liabili	TY Company is: FS	AH IO:	
Principal Office Address:	Malling Address:	語	40	
Svita 9420	Svite 9420			
Chicago Tilinois botos	Chicago, Illinois lope			
ARTICY E III - Registered Agent, Registered Office, & Registered Agent's Signature:				

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

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 Bever | 100 Stuewe Assistant Secretary

(CONTINUED)

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P.04

CT SYSTEM

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u> [itle:</u>	Name and Address:
MGR" = Manager MGRM" = Managing Member	
Hanaging Hember	Judi Fishman 423 W. Webster Ave Chicago, Ill 60614
Managing Hember	Michael C. Winter 1804 Laurel Decrified, III
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 Shantas, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

Typed or printed name of signes

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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