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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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January 6, 2006

SERVICES		CORPORATION NAME (S) AND DOCUMENT NUMBER			MENT NUMBER (S):
		Siemenas Realty LLC		_	1. 1
	Filing Evidence Plain/Confirmation			Type of Docum ☐ Certificate of Sta	
☑ Certified Copy				☐ Certificate of Go	ood Standing
				☐ Articles Only	
	Retrieval Requ	est		☐ All Charter Doc Articles & Ame ☐ Fictitious Name	
	☐ Certified Copy			□ Other	
	NEW FILINGS] [AMENDMEN	ITS	
	Profit		Amendment		
	Non Profit		Resignation of	RA Officer/Director	
X	Limited Liability		Change of Reg	gistered Agent	
	Domestication		Dissolution/W	ithdrawal	
	Other		Merger		
	OTHER FILINGS		REGISTRAT	ION/QUALIFICATION	
	Annual Reports		Foreign		
	Fictitious Name		Limited Liabil	ity	
	Name Reservation		Reinstatement]
	Reinstatement		Trademark]
			Other		

ARTICLES OF ORGANIZATION FOR

THE PHISTORY FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: SIEMIENAS REALTY LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1607 Park Ridge Pointe 1607 Park Ridge Pointe Park Ridge, IL 60068-1309 Park Ridge, IL 60068-1309 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)

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, Florida Statutes.

City, State, and Zip

Weston

NRAI Services, Inc. Registered Agent's Signature

33331

Page 1 of 2 (CONTINUED) 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	Name and Address:
MGR	Linda Siemienas
	1607 Park Ridge Pointe Park Ridge, IL 60068-1309
and the state of t	
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	enicenso
_	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Stanues, the execution an affirmation under the penalties of perjury or rue.)
LINDA SIEMIENAS	

Filing Sees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee