Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

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

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## ALDI (FLORIDA) L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SURJECT: ALDI (FLORIDA) L.L.C. (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:
Shelley Clifford
(Name of Person)
Gardner Carton & Douglas, LLP
(Firm/Compony)
191 N. Wacker Drive, Suite 3700
(Addross)
Chicago, IL 60606-1698
(City/State and Zip Code)
For further information concerning this matter, please cail:
Shelley Clifford at 312 3569-1504
Shelley Clifford at ( 312 ) 569-1504 (Name of Person) (Area Code & Daytime Telephane Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}

SECRETARY OF STATE

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2651 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:		
ALDI (FLORIDA) L.L.C. (Must end with the words "Limited Liability Company, ARTICLE II - Address:	"Limited Company" or their abbreviation "LLC," or "L.C.,")		
The mailing address and street address of	the principal office of the Limited Liability Company	/ is:	
Principal Office Address:	Mailing Address:		
1200 North Kirk Road Batavia, IL 60510-1477	1200 North Kirk Road Batavia, IL 80510-1477	201	E
	stered Office, & Registered Agent's Signature; on Registered Agent. You must designate as individual or another	2006 MAY 30	SECRETARY
The name and the Plorida street address of	of the registered agent are:	70	13 de . 30 de . 30 de .
CT Corporation	1	PH 12: 4	3500
	Name	۳.,	TATE
1200 Pine Isla	nd Road		- 2. 
	rest address (P.O. Box <u>NOT</u> acceptable)		
Plantation	FL 33324		
	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.

Robert S. Lane Assistant Secretary

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Aldi Inc. (Delaware) 1200 North Kirk Road Batavia, IL 60510-1477
	2006 MAY
	PM 2: <b>L</b>
(Use attachment if necessary)  ICLE V: Effective date, if other is effective date is listed, the date 90 days after the date of filing.)	than the date of filling: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
/ 🔍	mberly Je Shanner
	a member or se authorized representative of a member.
of this docume	e with section 608.408(3), Plorida Statutes, the execution ent constitutes an affirmation under the ponalities of perjury a stated herein are true.)

Fillne Fees:

3125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
3 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

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