L06000072614

(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 Filling Officer:



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O6 JUL 21 AH 7:43
SECRETARY OF STATE



ACCOUNT	NO.	:	072100000032
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REFERENCE: 259014 4304417
HORIZATION:

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: July 21, 2006

ORDER TIME : 2:50 PM

ORDER NO. : 259014-005

CUSTOMER NO: 4304417

DOMESTIC FILING

NAME: PANAMA CITY 2525, LLC

XX ___ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pamela A Washington - EXT. 2936

EXAMINER'S INITIALS:

ADTICLE L. N	James	OR FLORIDA LIMITED LIABILITY COMPANY pany is: y, "Limited Company" or their abbreviation "LLC," or "L.C.,")	•	
The name of the	Limited Liability Com	pany is:	64 -A	
		TO THE STATE OF TH		
PANAMA CITY 2	525, LLC		0	
(Must end with the we	ords "Limited Liability Compar	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II -	Address-	P. P. O	•	
		of the principal office of the Limited Liability Company is:		
Principal Office	Address:	Mailing Address:		
2615 North Sheffield Avenue		2615 North Sheffield Avenue		
Chicago, IL 60614		Chicago, IL 60614		
The name and th	e Florida street address Corporation Service Cor	of the registered agent are:		
The name and th		•		
The name and th	Corporation Service Con	mpany		
The name and th	Corporation Service Con	mpany		
The name and th	Corporation Service Con	mpany Name		
The name and th	Corporation Service Con 1201 Hays Street Florida : Tallahassee	Name street address (P.O. Box <u>NOT</u> acceptable)		
Having been na liability comp registered agent statutes relatin	Corporation Service Con 1201 Hays Street Florida: Tallahassee City med as registered agent pany at the place designat and agree to act in this ag to the proper and com	Name Street address (P.O. Box NOT acceptable) FL 32301 State, and Zip and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and		
Having been na liability comp registered agent statutes relatin	Corporation Service Con 1201 Hays Street Florida: Tallahassee City med as registered agent cany at the place designat and agree to act in this ag to the proper and comp	Name Street address (P.O. Box NOT acceptable) FL 32301 To, State, and Zip and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		
Having been na liability comp registered agent statutes relatin	Corporation Service Con 1201 Hays Street Florida Tallahassee City med as registered agent beany at the place designer and agree to act in this age to the proper and complications of my position Corporation Service Compared to act and agree to act and agre	Name Street address (P.O. Box NOT acceptable) FL 32301 To, State, and Zip and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S		
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(CONTINUED)
Page 1 of 2

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 MGRM 2525 North Sheffield Associates 2615 North Sheffield Avenue Chicago, IL 60614 (Use attachment if necessary)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing: __

Signature of a member or an authorized representative of a member.

_, (OPTIONAL)

(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.)

By: Michelle Jackson, Authorized Representative of Member

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

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)