

L07000027289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

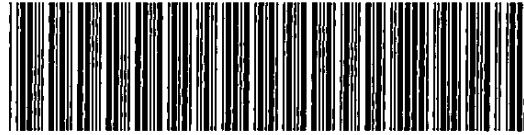
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/12/07--01056--011

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR 12 PM 12:44

Johnson and Colmar

SUITE 1000

300 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

TELEPHONE (312) 922-1980

TELECOPIER (312) 922-9283

Murray J. Lewison
Of Counsel

March 8, 2007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

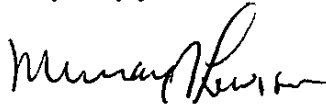
Re: BMBonita, LLC
WEWBMBonita, LLC

Dear Sir or Madam:

Enclosed herewith are the following documents:

1. Articles of Organization for BMBonita, LLC
2. Filing/Certificate of Status Fee of \$130.00 for BMBonita, LLC
3. Articles of Organization for WEWBonita, LLC
4. Filing/Certificate of Status Fee of \$130.00 for WEWBontia, LLC

Very truly yours,



Murray J. Lewison

Enc..

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEWBMBonita, LLC
(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:

Murray J. Lewison
(Name of Person)

Johnson and Colmar
(Firm/Company)

300 S. Wacker Drive - Suite 1000
(Address)

Chicago, Illinois 60606
(City/State and Zip Code)

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For further information concerning this matter, please call:

Murray J. Lewison at (312) 922-1980
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WEWBMBonita, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

27 E. Monroe Street - Suite 1400
Chicago, IL 60603

27 E. Monroe Street - Suite 1400
Chicago, IL 60603

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Brad A. Galbraith
Name

1045 Crosspointe Dr. - Suite 1
Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34110
City, State, and Zip

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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 (REQUIRED)

(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 E. Warman

27 E. Monroe Street - Suite 1400

Chicago, IL 60603

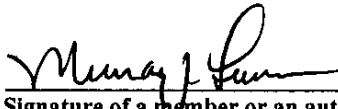
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Murray J. Lewison

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)