1070005852/

(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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DIVISION OF SEE FLORIDA



ION BENTICE COMPART	
ACCOUNT NO. : 072100000032	
REFERENCE : 903254 4321718	
AUTHORIZATION: Spelle man	
COST LIMIT : \$125.00	
ORDER DATE: May 16, 2007	
ORDER TIME : 8:59 AM	
ORDER NO. : 903254-010	
CUSTOMER NO: 43217,18	
DOMESTIC FILING	O7 P
NAME: CONBREN INVESTMENTS, LLC	ARETA ARETA
	CO P STREET
EFFECTIVE DATE:	PHIZ:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	19 NDA
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Doreen Wallace - EXT. 2928	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

he name of the Limited Liability Company is	3 :
Conbren Investments, LLC	**************************************
Must end with the words "Limited Liability Company, "Limi	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	principal office of the Limited Liability Company is:
rincipal Office Address:	Mailing Address:
540 SW 57th	13359 South Avenue "O"
Cape Coral, FL 33914	Chicago, Illinois 60633
business entity with an active Florida registration.)	distored Agent. You must designate an individual or another 2
he name and the Florida street address of the	e registered agent are:
Brian A. Pearlman	Li →
Nam	le
200 E. Las Olas Blvd.	, Ste. 1700 ddress (P.O. Box NOT acceptable)
Florida street a	address (P.O. Box NOT acceptable)
Ft. Lauderdale	PL 33301
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 (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Kevin Keough 13359 South Avenue "O" Chicago, Illinois 60633
(Use attachment if necessary) TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: upon filing (OPTIONAL) ne specific and cannot be more than five business days prior
	W. Bu- Es 0
(In accordance with se	· · · · · · · · · · · · · · · · · · ·
Ray H. Burgan	yped 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)