

LO7000059693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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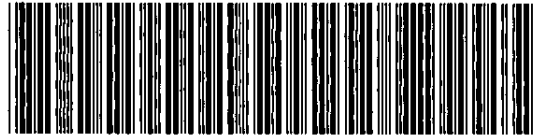
(Business Entity Name)

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**FILED**  
07 JUN - 6 AM 10: 35  
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 936072 7110658  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$160.00

FILED  
07 JUN -6 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 6, 2007  
ORDER TIME : 2:53 PM  
ORDER NO. : 936072-005  
CUSTOMER NO: 7110658

DOMESTIC FILING

NAME: BOYD FAMILY L.L.C.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

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

FILED  
JUN - 9 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BOYD FAMILY L.L.C.

(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:

4501 N. Ocean Blvd.  
Boca Raton, FL 33431

Thomas J. Boyd  
9942 S. Longwood Drive  
Chicago, IL 60643

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:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301  
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.*

Corporation Service Company

By: Doreen Wallace  
Registered Agent's Signature (REQUIRED)

**Doreen Wallace**  
**Assistant Vice President**

**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:**

<u>MGR</u>	<u>Thomas J. Boyd</u> <u>9942 S. Longwood Drive</u> <u>Chicago, IL 60643</u>
<u>MGR</u>	<u>James M. Boyd</u> <u>12402 S. 91st Ave.</u> <u>Palos Park, IL 60464</u>
<u>MGR</u>	<u>Mary Ellen Sherman</u> <u>1430 Darlington Ct.</u> <u>Algonguin, IL 60102</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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.)

By: Susan Reedy Williams

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)