

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

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

ORIDA/FOREIGN LIMITED LIABILITY CO.

Naplesprom, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

6/29/2007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Maplesprom, LLC		
(Must end with the words "Limited Liability Company, "Lin	nited 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:	
The mailing address and street address of the Principal Office Address:	principal office of the Limited Liability Company is: Malling Address:	
Principal Office Address:	- · ·	
	Malling Address:	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limited Limited Limited Limited Limited Sources country with an active Florida registration.)

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

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.

CT Corporation System

Sarah B. Ayeta

Kegistared Agent's Signature (REQUIRED)

Acquired and Secretary

(CONTINUED)
Page 1 of 2

PLUSE - MUNUS C T Symbol Online

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" = Manage	<u>Name and Address:</u> ng Member	
MGR	Theodore Schmidt 98175 Drew Avenue	
	Burr Ridge, II. 60520	
		
(Use attachment if ne	cessary)	
ARTICLE V: Effective date, (If an effective date is listed, t to or 90 days after the date of	if other than the date of filing: he date must be specific and cannot be more than five business days prior	
•	ZNO SE SAL	, garage
REQUIRED SIGNA	CRETARY LANASSE	
Sign	ture of a member or an authorized representative of a member.	
of thi	coordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjury it the facts stated herein are true.)	
	Randy S. Gussis - Authorized Representative	•
Filles Foos:	·	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
3 30.00 Certified Copy (Optionsi)
5 5.00 Certificate of Status (Optional)

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