

LO7VVV108318

(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:

[Handwritten signature]

Office Use Only



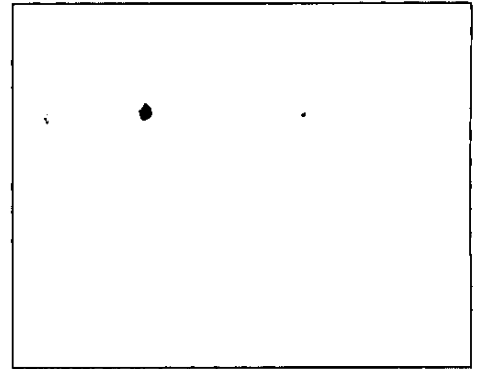
300109741593

10/26/07--01005--007 **5.00

10/23/07--01001--007 **150.00

FILED
07 OCT 22 AM 10:16
2007 OCT 22 PM 3:31
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

1. COOPER BENNETT LLC

CK# 2863

AMOUNT \$150.00

PLEASE FILE THE ATTACHED CONVERSION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

FILED
07 OCT 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2007

FLORIDA RESEARCH & FILING SERVICES

TALLAHASSEE, FL

SUBJECT: COOPER BENNETT LLC
Ref. Number: W07000052349

FILED
07 OCT 22 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COOPER BENNETT LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$150.00 payment.

It appears that COOPER FAMILY PARTNERSHIP has never filed a GENERAL PARTNERSHIP REGISTRATION with the Division of Corporations.

This will have to be done -- the filing fee is \$50.00 -- before the LLC conversion can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 907A00062149

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 OCT 24 PM 4:39
TO: CHIEF OF BUREAU
FROM: SUFFICIENCY FILING

* RE-SUBMITTING
W/ CORRECTIONS
PLEASE RETAIN
ORIGINAL SUBMISSION
DATE 10-22-07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cooper Bennett LLC

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

ARTICLE II - Address:

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

Principal Office Address:

118 Broadway, Wilmette, IL 60091

Mailing Address:

118 Broadway, Wilmette, IL 60091

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:

NRAI Services, Inc.

2731 Executive ^{Name} Park Drive, Suite 4

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

Weston 33331 FL

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..

Lia Baugher, Asst Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGR

Elise C. Bennett

15555 Prior Way

Novelty, OH 44072

(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:

Margaret M. McGlynn
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.)

Margaret M. McGlynn

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)