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EXAMINER



ACCOUNT NO. : 072100000032		
REFERENCE: 399974 4306601		
AUTHORIZATION: Spellelena 7,7 3		
COST LIMIT: \$ 125.00		
ORDER DATE : January 14, 2008		
ORDER TIME : 1:49 PM		
ORDER NO. : 399974-015		
CUSTOMER NO: 4306601		
DOMESTIC FILING		
NAME: TAVASOTA RECEIVER LLC		
XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX PLAIN STAMPED COPY		
CONTACT PERSON: Heather Chapman - EXT. 2908		
EXAMINER'S INITIALS:		

DMPANY CONTRACTOR OF STATE OF

A

RTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is	:
Tavasota Receiver LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o JDI Realty LLC	c/o JDI Realty LLC
853 N. Elston	853 N. Elston
Chicago, IL 60622	Chicago, IL 60622
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Corporation Service Co	ompany
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 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: Name and Address:

MGR Kevin Connor	
	200
MGR Jeff Aeder 853 N. Elston	522
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	. (OPTIONAL) e more than five business days prio

REQUIRED SIGNATURE: /

Signature of a member or an authorized representative of a member.

(In accordance with section 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

C.

Bennet Schwartz, Authorized Representative of Member

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)