

LO8000025841

(Requestor's Name)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

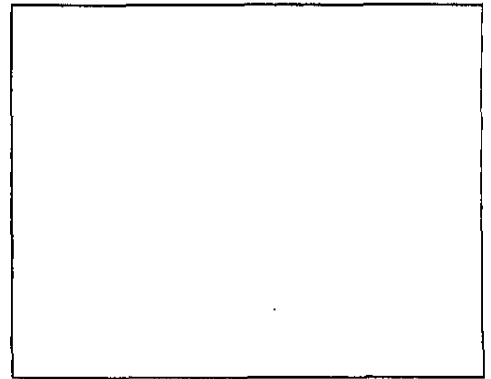
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B. KOHR

MAR 12 2008

EXAMINER

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



WALK-IN

ENTITY NAME:

1. LBP PROPERTIES, LLC

CK# 3174

AMOUNT \$125.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

- CERTIFIED COPY
- STAMPED COPY
- CERTIFICATE OF STATUS

OFFICE USE ONLY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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TALLAHASSEE, FLORIDA

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2008

FLORIDA RESEARCH & FILING SERVICE  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301

SUBJECT: LPB PROPERTIES, LLC  
Ref. Number: W08000012011

08 MAR -6 PM 2:53  
**FILED**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LPB PROPERTIES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.,

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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: 508A00014208

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LBP Sunset Properties, LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

20550 S. LaGrange Road, Ste. 310

same

Frankfort, IL 60423

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.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.*

NRAI Services, Inc.

By: [Signature]

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:

<b><u>Title:</u></b>	<b><u>Name and Address:</u></b>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM _____	<u>Linda A. Parsons</u>
	<u>20550 S. LaGrange Rd., Ste. 310</u>
	<u>Frankfort, IL 60423</u>
MGRM _____	<u>Robert W. Parsons</u>
	<u>same</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.)

Anthony G. Barone

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)