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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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B. KOHR

JAN 1 4 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 857878

AUTHORIZATION:

COST LIMIT : \$ 155.00

ORDER DATE: January 13, 2009

ORDER TIME : 3:28 PM

ORDER NO. : 857878-015

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: GV HOMES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
GV HOMES, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8833 Gross Point Rd., Suite 310	8833 Gross Point Rd., Suite 310
Skokie, Illinois 60077	Skokie, Illinois 60077
	*
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
Corporation Service Cor	mpany
Name	ress (P.O. Box NOT acceptable)
1201 Hays Street	SE
Florida street add	ress (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Corporation Service Company
BY: William M. Edunation
Registered Agent's Signature (REQUIRED)

William M. Edrington Authorized Representative

> (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:

ACD	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
MGR	GV MANAGER, LLC 8833 Gross Point Rd., Suite 310
	Skokie, Illinois 60077
Use attachment if necessary)	

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.)

Keith A. Ross, Authorized Representative of a 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)