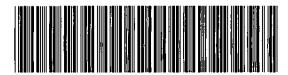


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SECTION OF STATE FALLAHASSEE, FLORIDA

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B. KOHR

JAN 14 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 857878 _7175508

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: January 13, 2009

ORDER TIME : 3:28 PM

ORDER NO. : 857878-020

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: GV MHC, 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 MHC, LLC		
(Must end with the words "Limited Lie	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	principal office of the Limited Liability Company is:	
220 200 200 200 200 200 200 200 200 200	F	
Principal Office Address:	Mailing Address:	
8833 Gross Point Rd., Suite 310	8833 Gross Point Rd., Suite 310	
Skokie, Illinois 60077	Skokie, Illinois 60077	
business entity with an active Florida registration.) The name and the Florida street address of the Corporation Service C	Company	
Name		
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	FL 32301	
City, State	e, and Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.	
Corporation Service	Company	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

William M. Edrington Authorized Representative

REQUIRED SIGNATURE:

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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)