L09000035399

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(On produce 2) per mone my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinion Nambol)
Out to the total
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500149601865

04/13/09--01036--004 **125.00

9 APR 13 PH 2: 16
SECRETARY OF STATE
AHASSEE FINRING

J. BRYAN

APR 1 4 2009

EXAMINER

35 EAST WACKER DRIVE SUITE 650 CHICAGO, ILLINOIS 60601-2201

DAVID L. GOLDSTEIN & ASSOCIATES, L.L.C.

ATTORNEYS AT LAW

312.236.5689 FAX: 312.782.4519

David L. Goldstein Slobodan M. Pavlovich dgoldstein@dlgoldsteinlaw.com spavlovich@dlgoldsteinlaw.com

April 8, 2009

Florida Secretary of State Limited Liability Company Division P. O. BOX 6327 Tallahasee, Florida 32314

Dear Sir/Madam:

Our office represents Steven Lome. Mr. Lome has completed, signed and I have enclosed the Articles of Organization for Florida Limited Liability Company, CHICAGO KEY, L.L.C.

Please process the enclosed Articles of Organization. I have enclosed a check in the amount of One Hundred Twenty Five Dollars (\$125.00).

If you have any questions, please feel free to contact me.

Very truly yours,

DAVID L. GOLDSTEIN & ASSOCIATES, L.L.C.

David L. Gøldstein

DLG/ps Encls.

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
	0,70 12,70
Chicago I	Key, L.L.C.
(Must end with the words "Limite	ed Liability Company, "L.I. C.," or "I.LC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
14 Coral Way, Key West, Florida 33040	14 Coral Way, Key West, Florida 33040
_	vn Registered Agent You must designate an individual or another
_	
The name and the Florida street address of	
The name and the Florida street address of	of the registered agent are:
The name and the Florida street address of Steve	of the registered agent are: en Lome Name Coral Way
The name and the Florida street address of Steve	of the registered agent are:
The name and the Florida street address of Steve	of the registered agent are: en Lome Name Coral Way treet address (P O Box NOT acceptable)
The name and the Florida street address of Steve Steve 14 C	of the registered agent are: en Lome Name Coral Way
The name and the Florida street address of Steve Steve 14 C Florida st Key West City,	of the registered agent are: en Lome Name Coral Way treet address (P O Box NOT acceptable) t, Florida 33040 , State, and Zip
Steve Steve 14 C Florida st Key West City, Having been named as registered agent a liability company at the place designal	of the registered agent are: en Lome Name Coral Way treet address (P O Box NOT acceptable) I, Florida 33040 State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as
The name and the Florida street address of Steve Steve 14 C Florida st Key West City, Having been named as registered agent of liability company at the place designal registered agent and agree to act in this company at the street of	of the registered agent are: en Lome Name Coral Way treet address (P O Box NOT acceptable) i, Florida 33040 , State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as expacity. I further agree to comply with the provisions of a
Steve Steve 14 C Florida st Key West City, Having been named as registered agent a liability company at the place designal registered agent and agree to act in this constants relating to the proper and comp	of the registered agent are: Son Lome Name Coral Way treet address (P O Box NOT acceptable) I, Florida 33040 I, State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of a lette performance of my duties, and I am familiar with and
14 C Florida st Key West City, Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and comp	of the registered agent are: en Lome Name Coral Way treet address (P O Box NOT acceptable) i, Florida 33040 , State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as expacity. I further agree to comply with the provisions of a
The name and the Florida street address of Steve 14 C Florida st Key West City, Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constants relating to the proper and comp	of the registered agent are: Son Lome Name Coral Way treet address (P O Box NOT acceptable) I, Florida 33040 I, State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of a lette performance of my duties, and I am familiar with and
The name and the Florida street address of Steve 14 C Florida st Key West City, Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constants relating to the proper and comp	of the registered agent are: Son Lome Name Coral Way treet address (P O Box NOT acceptable) I, Florida 33040 I, State, and Zip and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of a lette performance of my duties, and I am familiar with and

(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:

Title:	Name and Address:	
"MGR" = Manager		, 0
"MGRM" = Managing Member	,	当皇
MGR	Warren Phelps	52 3
171.001.1	14 Coral Way, Key West, Florida 33040	
		55.50
		For
		OS APR 13 THE STATE SECRETARY OF STATE
The state of the s		95
		377
		7
		•

(Use attachment if necessary)		
(Ose attachment if necessary)		
CLE V: Effective date, if other than the	e date of filing: (OPTIO)	NAL)
	be specific and cannot be more than five business d	
		• •
	•	
	•	
00 days after the date of filing.)	•	
	•	
90 days after the date of filing.)	•	
90 days after the date of filing.)	Nat (but a	
90 days after the date of filing.) REQUIRED SIGNATURE:	YM Arme	
90 days after the date of filing.) REQUIRED SIGNATURE:	M. J.M.L. eer or an authorized representative of a member.	
Of days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	YM Arme	

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)

` • •