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09 MAY - 1 AM 10:56  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 MAY - 1 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 1 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 978437 7175508

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 155.00

FILED  
09 MAY -1 PM 1:25  
TALLAHASSEE, FLORIDA

ORDER DATE : April 30, 2009

ORDER TIME : 4:51 PM

ORDER NO. : 978437-005

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: RPP-III, LLC

EFFECTIVE DATE:

XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RPP-III, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

724 ENTERPRISE DR  
OAK BROOK, ILLINOIS 60523

Mailing Address:

724 ENTERPRISE DR  
OAK BROOK, ILLINOIS 60523

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:

AARON L. CUBBISON

Name

3909 NE 163RD STREET

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

NORTH MIAMI BEACH FL 33160

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.*

Aaron L. Cubbison

BY:

*Aaron L. Cubbison*  
Registered Agent's Signature (REQUIRED)

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(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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

PAR FAMILY LIMITED PARTNERSHIP

724 ENTERPRISE DR.

OAK BROOK, ILLINOIS 60523

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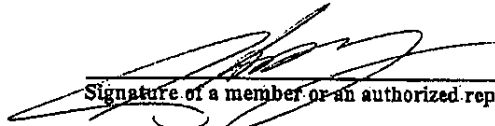
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(Use attachment if necessary)

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.)

Robert E. Connolly, 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)