

L09000059307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

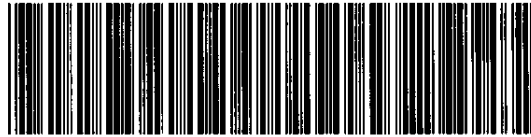
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000156382990

06/09/09--01035--025 **160.00

Effective Date

06/09/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 9 PM 4:35

T. HAMPTON

JUN 18 2009

EXAMINER

L09000059307

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 474 BSlip, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Bancroft

Name of Person

Bancroft & Richman, LLC

Firm/Company

303 West Madison, Suite 1025

Address

Chicago, IL 60606

City/State and Zip Code

tbancroft@brllclaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Bancroft

Name of Person

at (**312**) **252-4350**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 10, 2009

TODD BANCROFT
BANCROFT & RICHMAN, LLC
303 W MADISON - STE 1025
CHICAGO, IL 60606

SUBJECT: 474 BSLIP, LLC
Ref. Number: W09000027227

We have received your document for 474 BSLIP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 9, 2009. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00019509

Effective Date

06/09/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

474 BSlip, 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:

1701 Golfview Drive
Belleair, FL 33756

Mailing Address:

474 N. LakeShore Drive
Unit 6106
Chicago, IL 60611

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:

David Hooks

Name

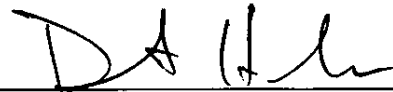
1701 Golfview Drive

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

Belleair, FL 33756 FL

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 9 PM 4:35

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:

David Hooks, MGRM

1701 Golf View Drive

Belleair, FL 33756

Jan Reynolds, MGRM

1701 Golf View Drive

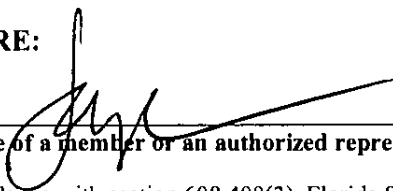
Belleair, FL 33756

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/09/2009 (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.)

Jan Reynolds

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)