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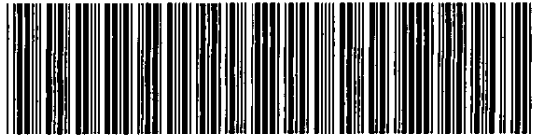
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JUL 28 2009

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2009 JUL 27 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Goldstine, Skrodzki, Russian,  
Nemec and Hoff, Ltd.**

Attorneys at Law

The Prairie Building  
835 McClintock Drive ■ Second Floor  
Burr Ridge, IL 60527-0860  
Telephone (630) 655-6000  
Facsimile (630) 655-9808  
www.gsrnh.com

William M. Brennan  
Kristina E. Buchenauer  
Paul R. Buikema  
Gregory J. Constantino  
Gregory L. Dose\*\*  
Brian M. Dougherty  
Robert D. Goldstine  
James D. Healy  
Howard M. Hoff  
William H. Hrabak, Jr.

Jennifer LoGiudice  
Craig T. Martin  
Daniel J. McCarthy III  
Kenneth J. Nemec, Jr.  
Richard J. Nogal  
Christopher J. Novak  
James E. Olguin  
Diana K. Pecan  
Donald S. Rothschild  
Thomas P. Russian

Richard J. Skrodzki  
Sara L. Spitler  
Gwendolyn J. Sterk\*  
Jonathan P. Stringer  
Alison J. Wetzel  
Eric R. Wilen\*\*\*

\*Also Admitted in Indiana  
\*\*Also Admitted in California  
\*\*\*Also Admitted in Michigan

July 23, 2009

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

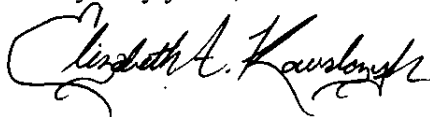
Re: SW Florida BTMR, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Florida Limited Liability Company, in duplicate, along with the required cover letter indicating that we would like a certified copy of the filing returned to us. Please also find enclosed herewith, our check made payable to the Florida Department of State in the amount of \$155.00 for the filing fee and certified copy request.

Please contact our office should you have any questions regarding this matter.

Very truly yours,



Elizabeth A. Kowalczyk,  
Legal Assistant

EAK/

Enclosures

cc: Daniel J. McCarthy III

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SW Florida BTMR, 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:

**Robin A. Suvada**

Name of Person

**Goldstine, Skrodzki, Russian, Nemec and Hoff, Ltd.**

Firm/Company

**835 McClintock Drive, Second Floor**

Address

**Burr Ridge, Illinois 60527**

City/State and Zip Code

**rsuvada@gsrnh.com**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

**Robin A. Suvada**

Name of Person

at ( **630** ) **655-6000**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SW Florida BTMR, 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:

835 McClintock Drive  
2nd Floor  
Burr Ridge, Illinois 60527

#### Mailing Address:

835 McClintock Drive  
2nd Floor  
Burr Ridge, Illinois 60527

### 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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL

33331

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.*

*Samuel A. Terrell*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Dean Assink

835 McClintock Drive, 2nd Floor

Burr Ridge, Illinois 60527

\_\_\_\_\_

\_\_\_\_\_

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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.)

Dean Assink

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)**

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