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EXAMINER

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DENISE H. YAMAGIWA LEGAL ASSISTANT dyamagiwa@masudafunai.com tel 312.245.7479 fax 312.245.7467

September 9, 2009

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

Re: Articles of Organization for Florida Limited Liability Company – Unit 142 Casa Ybel (51/52)

Dear Sir or Madam:

Enclosed for filing are the following:

- 1. Cover Letter, in duplicate;
- An executed original and copy of the Articles of Organization for Florida Limited Liability Company for Unit 142 Casa Ybel (51/52) LLC; and
- 3. Check in the amount of \$125 for the appropriate filing fee.

Please return a stamped filed copy and certified copy of the Articles of Organization to my attention. We have enclosed a stamped self-addressed envelope for your convenience.

If you have any questions with regard to this matter, please call the undersigned collect at 312-245-7479.

Sincerely,

MASUDA, FUNAI, EIFERT & MITCHELL, LTD.

Denise H. Yamagiwa Legal Assistant

Enclosures

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COVER LETTER

TO:	Registratio Division of	n Section Corporations		
SUBJE	ECT: UNI	T 142 CASA YBEL (5	51/52) LLC	
		(Name of Limit	ed Liability Company)	
The en	closed Article	s of Organization and fee(s) are	submitted for filing.	
Please	return all corr	espondence concerning this mat	ter to the following:	
	Denise H.	Yamagiwa, Legal Ass		
			(Name of Person)	
	Masuda,	Funai, Eifert & Mitche	ll, Ltd.	
			(Firm/Company)	
	203 North	LaSalle Street, Suite	2500	
			(Address)	
	Chicago,	Illinois 60601-1262		
		(Ci	ty/State and Zip Code)	
For fur	ther informati	on concerning this matter, pleas	e call:	
Deni	se H. Yan	nagiwa	at (312) 245-7479	
	(Na	ime of Person)	(Area Code & Daytime Tele	ephone Number)
Enclos	sed is a check	for the following amount:		
⊠ \$125.	.00 Filing Fe	e \$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 C Tallahassee, FL 32301	

ARTICLE I - Name:	AREA -	
The name of the Limited Liability Com		2
UNIT 142 CASA	A YBEL (51/52) LLC 영화 :	: -
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	Ó
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Compa	ny i
Principal Office Address:	Mailing Address:	
203 North LaSalle Street		
Suite 2500		
Chicago, Illinois_60601-1262		
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
	of the registered agent are:	
The name and the Florida street address		
The name and the Florida street address <u>CT Corporation S</u>	System	
	System Name	
	Name	
CT Corporation S 1200 South Pine	Name	
1200 South Pine	Name Island Road	

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..

CT Corporation System

Registered Agent's Signature (REQUIRED)

Laura Broderick Assistant Secretary

(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:

Keith W. Groebe, MGR	203 North LaSalle Street	· 	
	Suite 2500 Chicago, IL 60601-1262		
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····			8
			,
(Use attachment if necessary)			
LE V: Effective date, if other than the	ne date of filing:	(OPTIO	NAL
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five	business o	lays
days after the date of filling.)			

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 W. Groebe, Manager

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)