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SECRETARY OF STATE
DIVISION OF CORPORATION
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EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD.

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DAVID BADILLO
BRIAN G. ELMAN
MARIE A. GROSS

December 8, 2009

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

RE: 619 CC, LLC

Dear Sir or Madam:

Enclosed are the following:

1. Articles of Organization
2. Check in the amount of \$125.00 for the filing fees

Please file the Articles and return them to me. If you have any questions, please contact me.

Sincerely,



Melissa Flowers
Paralegal

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 619 CC, 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:

DANIEL M. LOEWENSTEIN

Name of Person

EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD

Firm/Company

130 S. JEFFERSON STREET, SUITE 500

Address

CHICAGO, IL 60661

City/State and Zip Code

DLOEWENSTEIN@ELSM.COM

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

For further information concerning this matter, please call:

DANIEL M. LOEWENSTEIN

Name of Person

at (**312**)

782-1850

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:

619 CC, 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:

619 SW 26TH TERRACE
CAPE CORAL, FL 33914

Mailing Address:

3400 N. LAKE SHORE DRIVE
UNIT 9A
CHICAGO, IL 60657

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:

ARTHUR H. EVANS

Name

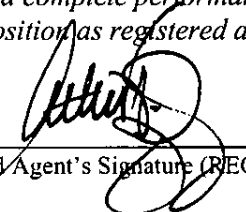
16249 MIRA VISTA LANE

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

DELRAY BEACH FL 33446

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)

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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

JEFFREY A. URBINA
3400 N. LAKE SHORE DRIVE, UNIT 9A
CHICAGO, IL 60657

MGR

GAYE LYNN HILL
3400 N. LAKE SHORE DRIVE, UNIT 9A
CHICAGO, IL 60657

(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(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ARTHUR H. EVANS

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)**