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Division of Corporations

(FAX)3056735505

P.001/004

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF GERALD K. SCHWARTZ, P.A.
Account Number : I20080000083
Phone : (305) 673-1101
Fax Number : (305) 673-5505

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: max@coscapital.comFLORIDA LIMITED LIABILITY CO.
Coe Real Estate Properties LLC.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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TALLAHASSEE, FL 32304

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MAR 16 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Coe Real Estate Properties 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:555 Skokie Blvd., Suite 500
Northbrook, IL 60062**Mailing Address:**555 Skokie Blvd., Suite 500
Northbrook, IL 60062**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:

Gerald K. Schwartz

Name

1691 Michigan Ave., Suite 320Florida street address (P.O. Box NOT acceptable)Miami BeachFL 33139

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)

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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:MGRMMark D. Coe100 Tri State International, Suite 110Lincolnton, N.C. 28062

(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 penalty of perjury that the facts stated herein are true.)

Mark D. Coe

Typed or printed name of signer

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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