## L10000056675

(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:					





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\*\*155.00

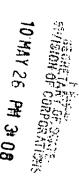
DEFA 12134 CT STATE
DIVISION OF COSPORATIONS
TALLAMASSES FL FLORIDA

RECEIVED

B. KOHR

MAY 2 6 2010

**EXAMINER** 



CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)			
FILING COVER ACCT. #FCA-14	SHEET		TONAL 25 P		
CONTACT:	Kim Weider	<u>ıbach</u>	25 SA		
DATE:	<u>05/2<b>\$</b>/10</u>	1	308 A		
REF. #:	000928.1255	<u> </u>	/		
CORP. NAME:	300 OCEAN	TRAIL LLC			
( ) ARTICLES OF INC	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION		
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME		
( ) FOREIGN QUALIFICATION		( ) LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY  ( ) WITHDRAWAL		
( ) REINSTATEMENT		( ) MERGER			
( ) CERTIFICATE OF (	CANCELLATION				
STATE FEES PI	REPAID W	TH CHECK#	FOR \$ <u>155.00</u>		
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	ED:		
	COST LIMIT: \$				
PLEASE RETU	RN:				
( XX) CERTIFIED CO		( ) CERTIFICATE OF GOOD STAN	NDING ( ) PLAIN STAMPED COPY	₹	

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANDATION ARTICLE I - Name: The name of the Limited Liability Company is: 300 OCEAN TRAIL LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1 EAST 22ND STREET	1 EAST 22ND STREET
SUITE 201	SUITE 201
LOMBARD, ILLINOIS 60148	LOMBARD, ILLINOIS 60148

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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:

NKAI Servi	ces, Inc.
	Name
2731 Execu	itive 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..

NRAI Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

1

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana <sub>!</sub> "MGRM" = Mar		Name and Address:	
MGR	<del></del>	CHARLES MARGOSIAN  1 EAST 22ND STREET, SUITE 201  LOMBARD, ILLINOIS 60148	
	<u> </u>		
**************************************	<del></del>		
(Use attachment	if necessary)		
	sted, the date must be s	te of filing: pecific and cannot be more than five b	
<u>required</u> si	GNATURE:		
·	Stone Francisco	an authorized representative of a member	<del>.</del>
	(In accordance with section	on 608.408(3), Florida Statutes, the execution	
		AUTHORIZED REPRESENTATIVE	
Filing Fees		. <u>-</u>	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)