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OCT 25 2010

**EXAMINER** 

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

Email	Address:			

# FLORIDA LIMITED LIABILITY CO.

Stonetree Capital Management, LLC

Certificate of Status	0		
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Stonetree Capital Management, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 1142 Stratford Road, Deerfield, Illinois 60015.

# ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

F&L CORP.

Name

ONE INDEPENDENT DRIVE, SUITE 1300

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

JACKSONVILLE, FL 32202

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 completed 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.

F&L CORP.

Charles V. Hedrick, Authorized Signatory

(An additional article must be added if an effective date is requested)

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.)

Terry D. Nelson, Authorized Signatory

Typed or printed name of signee
FILING FEES:
\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

10 OCT 22 AM II: 46