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B. KOHR  
FEB 25 2011  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 FEB 23 AM 11:08

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASTERIA 39, 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:

HENRY FOJAS

Name of Person

ASTERIA 39, LLC

Firm/Company

5120 MAIN ST. SUITE 106

Address

DOWNERS GROVE IL 60515

City/State and Zip Code

midwestcommercial@wowway.com

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

For further information concerning this matter, please call:

HENRY FOJAS

Name of Person

at ( 630 ) 968-2120

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ASTERIA 39, 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:**

**Mailing Address:**

5120 MAIN ST. SUITE 106  
DOWNERS GROVE, IL 60515

5120 MAIN ST. SUITE 106  
DOWNERS GROVE, IL 60515

**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:

GUILLERMO FOJAS

Name

4512 ATWOOD DRIVE

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

ORLANDO FL 32828

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..*

Guillermo Fojas

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:**

MGRM

HENRY FOJAS AS TRUSTEE UNDER THE  
DECLARATION OF THE HENRY FOJAS  
TRUST DATED FEBRUARY 9, 2010

\_\_\_\_\_  
\_\_\_\_\_

address: 5120 MAIN ST. SUITE 106  
DOWNEY GROVE IL 60515

MGRM

address: MANUEL VILLAREAL  
22 REGIMENT COURT  
WILDER KY 41076

MGRM

HENRY FOJAS (TTEE) HOME LOAN MANAGEMENT  
SOLUTIONS, 401 K #110622, C/O EQUITY TRUST  
COMPANY, 225 BURNS RD, ELYRIA OH 44035

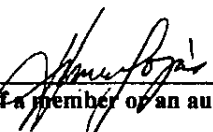
address: 225 BURNS RD, ELYRIA OH 44035

(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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

HENRY FOJAS  
\_\_\_\_\_  
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)**