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(F	Requestor's Name)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(I	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only

B. KOHR
DEC 2 7 2012
EXAMINER



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RECEIVED
12 DEC 26 MID: 51

12 DEC 26 PH 12: 53
SECRETARY OF STATE



ACCOUNT NO. : 12000000195

REFERENCE: 471731 4363870

AUTHORIZATION :

COST LIMIT :

ORDER DATE : December 21, 2012

ORDER TIME : 5:0 PM

ORDER NO. : 471731-005

CUSTOMER NO: 4363870

DOMESTIC FILING

NAME: DREAM ON KACHA LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS:

COVER LETTER

	gistration Section vision of Corporations	Copper States
SUBJECT:	DREAM ON KACHA LLC	3 Carrier
SUBJECT:	Name of Limited Liability Company	S M
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	A CO
BAR	RBARA J. DONATI	7
	Name of Person	
BUR	RKE, WARREN, MACKAY & SERRITELLA, P.C.	
	Firm/Company	
3301	North Wabash Avenue, 22nd Floor	
	Address	
Chica	cago, Illinois 60611-3607	
	City/State and Zip Code	
bdon	nati@burkelaw.com E-mail address: (to be used for future annual report notification)	
For further in	nformation concerning this matter, please call:	
BARBARA	A J. DONATI at 312 840-7071 Name of Person Area Code & Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$125.00 Filin	ring Fee \$\int \$\frac{1}{3}\frac{1}{0}	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLE I - Name: The name of the Limited Liability Company is: DREAM ON KACHA 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: 5722 Dempster Street Morton Grove, IL 60053-3040 Morton Grove, IL 60053-3040

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:

Corporation 5	Service Company
	Name
1201 Hays S	treet
	Florida street address (P.O. Box NOT acceptable
Tallahassee	FL 32301
	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.

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

ICHARD G. FANSLOW 722 Dempster Street forton Grove, IL 60053-3040
722 Dempster Street forton Grove, IL 60053-3040
722 Dempster Street forton Grove, IL 60053-3040
722 Dempster Street forton Grove, IL 60053-3040
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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.)

BARBARA J. DONATI 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)

COVER LETTER

COVE	CR LETTER .
TO: Registration Section Division of Corporations	ted Liability Company submitted for filing. there to the following:
SUBJECT: DREAM ON KACHA LLC	
Name of Limi	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	ter to the following:
BARBARA J. DONATI	7
	Name of Person
BURKE, WARREN, MACKAY & S	ERRITELLA, P.C.
	Firm/Company
330 North Wabash Avenue, 22nd Flo	or
	Address
Chicago, Illinois 60611-3607	
	ry/State and Zip Code
bdonati@burkelaw.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call;
BARBARA J. DONATI	at (312) 840-7071
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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