

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000024406 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: AKERMAN SENTERFITT (ORLANDO) Account Name

Account Number : 076656002425 Phone

Fax Number

: (407) 423-4000 : (407)B43-6610

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

<b>Email</b>	Address:			

### FLORIDA LIMITED LIABILITY CO. CHICAGO LOST, LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	02		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

Help

1/31/2013

INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY

TIME RECEIVED January 31, 2013 11:29:25 AM EST 850-617-6381 1/31/20

REMOTE CSID 850-617-6381

DURATION

STATUS Received

1/31/2013 11:28:48 AM PAGE

17001

January 31, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

AKERMAN SENTERFITT (ORLANDO)

SUBJECT: CHICAGO LOST, LLC

REF: W13000006056

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filling type and cannot he processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Flease return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers Regulatory Specialist II FAX Aud. #: B13000023060 Letter Number: 413A00002439

P.O BOX 6327 - Tallahassee, Florida 32314

~(((H13000024406 3)))

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is: Chicago Lost, LLC

#### **ARTICLE II - Address**

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

Mailing Address:

Street Address:

6108 Kirkstone Lane Windermere, FL 34786 6108 Kirkstone Lane Windermere, FL 34786

#### **ARTICLE III - Existence and Duration**

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

#### ARTICLE IV - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

NRAI Services, Inc. 515 East Park Avenue Tallahassee, FL 32301

Mark Tremonti, 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.)

{25664461;1}

(((H13000024406-3))5

(((H130000244063)))

## ACCEPTANCE OF REGISTERED AGENT DESIGNATION FOR: Chicago Lost, LLC

Having been named as registered agent and to accept service of process for the aforementioned entity 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 provision 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.

By:

Patricia Tadlock

Authorized Agent/Officer for Registered