

L14000136375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

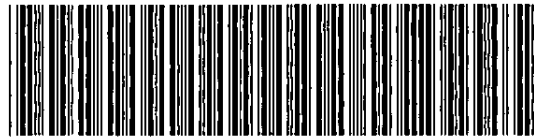
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 AUG 27 PM 4:22
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 27 AM 9:48

SEP 02 2014
J. HARRIS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 273970 7175508

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : August 27, 2014

ORDER TIME : 3:27 PM

ORDER NO. : 273970-005

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: SANDS BAY MK, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2014

CSC
COURTNEY WILLIAMS

SUBJECT: SANDS BAY MK, LLC
Ref. Number: W14000052818

RESUBMIT

Please give original
submission date as file date.

We have received your document for SANDS BAY MK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 214A00018518

RECEIVED
DIVISION OF CORPORATIONS
2014 AUG 29 AM 10:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 27 AM 9:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDS BAY MK, 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:

Name of Person

LEVENFELD PEARLSTEIN, LLC

Firm/Company

2 N. LASALLE ST., SUITE 1300

Address

CHICAGO, ILLINOIS 60602

City/State and Zip Code

lpagents@lplegal.com

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

For further information concerning this matter, please call:

Jeannette M. Ferguson

312

346-8380

at ()

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

☐

\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANDS BAY MK, 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:

225 W. Ohio Street, 6th Floor
Chicago, Illinois 60654

225 W. Ohio Street, 6th Floor
Chicago, Illinois 60654

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 Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City

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 605, F.S.

Corporation Service Company

By: 

Asst. VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 27 AM 9:48

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Matthew R. Kinnke

225 W. Ohio Street, 6th Floor

Chicago, Illinois 60654

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Michael J. Tuchman, Authorized Representative of a Member

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)