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| No serve of the contract of th | | | |
|--|--|--|--|
| (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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Office Use Only



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T. HAMPTON



| ACCOUNT NO. : I2000000195 | | | | |
|---|--|--|--|--|
| REFERENCE: 380888 7175508 | | | | |
| AUTHORIZATION: | | | | |
| COST LIMIT : \$ (130,00 | | | | |
| ORDER DATE: November 18, 2014 | | | | |
| | | | | |
| ORDER TIME : 1:21 PM | | | | |
| ORDER NO. : 380888-005 | | | | |
| CUSTOMER NO: 7175508 | | | | |
| | | | | |
| DOMESTIC_FILING | | | | |
| NAME: SOUTHERN DOOR LLC | | | | |
| MANE. BOOTHER BOOK BILC | | | | |
| | | | | |
| EFFECTIVE DATE: | | | | |
| ARTICLES OF INCORPORATION | | | | |
| CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| 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: | | | | |

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|-----------|--|--|--|--|
| cupica | SOUTHERN DOOR 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: | | | | | | |
| JEANNETTE M. FERGUSON | | | | | | |
| 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 | | | , | | | |
| For further information concerning this matter, please call: | | | | | | |
| Jeannette | | 312 (| 346-8380) | | | |
| | Name of Person | Area Code | Daytime Telephone Number | | | |
| Enclosed is | s a check for the following amount: | | | | | |
| \$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | | | | |
| | Mailing Address Registration Section | | Street/Courier Address Registration Section | | | |
| | Division of Corporations P.O. Box 6327 | | Division of Corporations Clifton Building | | | |
| | Tallahassee, FL 32314 | | 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name: | | |
|--|---|--|
| The name of the Limited Liability Company is: | | |
| | | |
| Must end with the words "I | | |
| (Must end with the words I | inned Diabinty Company. D.D.C., or DDC. | |
| ARTICLE II - Address: The mailing address and street address of the prin | cipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 1541 W. Wolfram | 1541 W. Wolfram | |
| Chicago, Illinois 60657 | Chicago, Illinois 60657 | |
| | | |
| another business entity with an active Florida reg The name and the Florida street address of the reg Corporation Service Co | istered agent are: | |
| | Name | |
| 1201 Hays Street | | |
| Florida street address (P. | O. Box NOT acceptable) | |
| Tallahassee | FL 32301 | |
| City | Zip | |
| the place designated in this certificate, I hereby capacity. I further agree to comply with the provof my duties, and I am familiar with and accept Corporation Service By: | cept service of process for the above stated limited liability company at a accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S Company Courtney Williams Asst. Vice President Signature (REQUIRED) | |
| (CON | TINUED) | |

Page 1 of 2



| ARTICLE IV- The name and address of each person authorized to | o manage and control the Limited Liability Company: |
|--|---|
| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
| "MGR" = Manager MGR | Thomas V. Ealy 1541 W. Wolfram Chicago, IL 60657 |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and the date of filing.) | . (OPTIONAL) cannot be more than five business days prior to or 90 days after |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | |
| Signature of a member or | an authorized representative of a member. |

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.)

Adam S. Garber, 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)

Page 2 of 2

SECRETARY OF STATE