

LI5000072785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

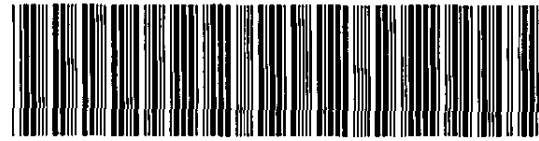
(Business Entity Name)

(Document Number)

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04/27/15--01001--012 \*\*203.75

TO APPLICANT  
SUFFICIENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR 24 PM 12:20

FILED

APR 27 2015

T. BROWN

# SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE  
TALLAHASSEE, FLORIDA 32312  
(850) 656-4724  
TOLL FREE: 844-541-6792

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## COVER LETTER

WALK IN

ENTITY NAME: Sweet Home  
CHICAGO LLC

CK # 1661

AMOUNT: 125<sup>00</sup>

PLEASE FILE THE ATTACHED AND RETURN:

PLAIN COPY

CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR  
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SWEET HOME CHICAGO 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:

DIANE KUBEL  
Name of Person

KELLEY DRYE & WARREN LLP  
Firm/Company

333 W. WACKER DRIVE, SUITE 2600  
Address

CHICAGO, ILLINOIS 60606  
City/State and Zip Code

DKUBEL@KELLEYDRYE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE KUBEL                      312                      857-7235  
Name of Person                      at (                      )                      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 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:

SWEET HOME CHICAGO 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:

3111 W. WILSON  
CHICAGO, ILLINOIS 60625

3111 W. WILSON  
CHICAGO, ILLINOIS 60625

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.)

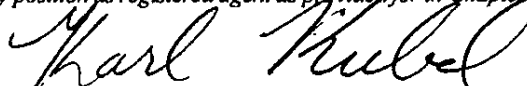
The name and the Florida street address of the registered agent are:

KARL KUBEL  
Name

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

MARCO ISLAND      FLORIDA      31445  
City                      State                      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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 APR 21 PM 12:20  
STATE OF FLORIDA  
TALLAHASSEE

**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:**

DIANE KUBEL

3111 W. WILSON

CHICAGO, ILLINOIS 60625

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

DIANE KUBEL

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)**