

L15000129616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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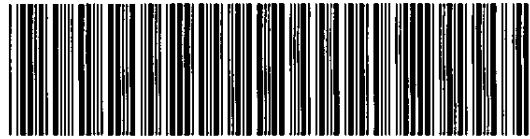
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 28 AM 10:29

7/31/15 CL



WINKLER LAW

Thomas W. Winkler, JD, CPA
tom@winkler-law.com
www.winkler-law.com

The Winkler Group LLC
1699 E. Woodfield Road, Suite 400
Schaumburg, Illinois 60173

TELEPHONE (847) 466-5280
FACSIMILE (847) 466-5330

July 23, 2015

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization
601 Sankey, LLC

Dear Sir/Madam:

Attached please find the Articles of Organization for 601 Sankey, LLC. Once the Articles have been filed, please return a copy to our office.

Also, enclosed is a check made payable to the Florida Department of State in the amount of One Hundred Sixty and No/100 Dollars (\$160.00) to cover the cost of the filing, a certified copy and a certificate of status.

I have enclosed a self-addressed stamped envelope for your convenience in returning the Articles to us.

If you have any questions, please contact the undersigned.

Very truly yours,

THE WINKLER GROUP LLC

TWW/dag
Enclosure

cc: Matthew W. Sprenzel

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 601 SANKEY, 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:

THOMAS W. WINKLER

Name of Person

THE WINKLER GROUP LLC

Firm/Company

1699 E. WOODFIELD ROAD, SUITE 400

Address

SCHAUMBURG, IL 60173

City/State and Zip Code

TOM@WINKLER-LAW.COM

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

For further information concerning this matter, please call:

THOMAS W. WINKLER

847

466-5280

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 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:

601 SANKEY, 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:

1310 Hamilton Parkway
Itasca, IL 60143

Mailing Address:

1310 Hamilton Parkway
Itasca, IL 60143

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:

Registered Agents Inc.

Name

3030 N. Rocky Point Dr., STE 150A

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

Tampa, FL 33607

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..

Bill Havre

Bill Havre, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

Mr. Matthew W. Sprengel

1310 Hamilton Parkway

Itasca, IL 60143

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA
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ARTICLE V: Effective date, if other than the date of filing: August 1, 2015 (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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Thomas W. Winkler, Authorized Representative

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)