

**L1500042866**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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 15 AUG 25 PM 3:06  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

To:

Division of Corporations  
 Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCAC00000023  
 Phone : (850) 205-8842  
 Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

15 AUG 25 AM 9:44

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**FLORIDA LIMITED LIABILITY CO.  
GDC Florida 1 LLC**

|                       |                 |
|-----------------------|-----------------|
| Certificate of Status | 0               |
| Certified Copy        | 0               |
| Page Count            | 04              |
| Estimated Charge      | <b>\$125.00</b> |

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8/25/2015 2:32:16 PM From: To: 8506176381( 2/4 )

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GDC FLORIDA I 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:

**NIMA SHAH**

**Name of Person**

**HORWOOD MARCUS & BERK CHARTERED**

**Firm/Company**

**500 WEST MADISON STREET SUITE 3700**

**Address**

**CHICAGO, IL 60661**

**City/State and Zip Code**

**NSHAH@HMBLAW.COM**

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

For further information concerning this matter, please call:

**NIMA SHAH**

**312**

**281-1116**

**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**

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

**Street Address**

**New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 25 AM 9:44

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GDC FLORIDA I 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:

222 E. WISCONSIN AVENUE SUITE 105  
LAKE FOREST, IL 60045

Mailing Address:

222 E. WISCONSIN AVENUE SUITE 105  
LAKE FOREST, IL 60045

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:

NRAI SERVICES, INC.

Name

1200 SOUTH PINE ISLAND ROAD

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

PLANTATION

FL

33324

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.*

Connie Bryan

Registered Agent's Signature (REQUIRED)

Connie Bryan

Assistant Secretary

(CONTINUED)

8/25/2015 2:32:16 PM From: To: 8506176381( 4/4 )

**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:

GARY RAPPEPORT

910 N. GREEN BAY ROAD

LAKE FOREST, IL 60045

MGR

NANCY DUDLEY LIACE

910 N. GREEN BAY ROAD

LAKE FOREST, IL 60045

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.  
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.

GARY RAPPEPORT

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)

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15 AUG 25 AM 9:44  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE