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Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)205-8842

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.

 \mathbf{Email} Address:

FLORIDA LIMITED LIABILITY CO. Harborside El Jobean, LLC

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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. FASON

SEP 29 2016

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· WCHTESON	Charactery LICH RC	W L COKING THAT HED TIV	BILLLY COMPANY
ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
Harborside El Johean,	LLC		
(Must end w	rith the words "Limi	ted Liability Company, "L	L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principa	l office of the Limited Liab	nility Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
37 F Stonehill Road			
Oswego, IL 60543			
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac-	cannot serve as its o	wn Registered Agent. You	Signature: must designate en individual or
The name and the Florida street a	ddress of the registe	red agent are:	
	National Registere	d Agonts, Inc.	
		Name	-
	1200 South Pine	Island Road	
	Florida street add	ress (P.O. Box <u>NOT</u> accep	table)
	Plantation,	Florida_	33324

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 vertificate. 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 vosition as registered agent as provided for in Chapter 605, F.S.

State

National Reigistered

Clty

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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18 SEP 29 AHID: 53

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	M
AMBR	Monte Enoch 37 F Stonchill Road, Oswego, IL 60543
AMBR	Shawn Enoch
	37 F Stonehill Road, Oswego, 1L 60543
EV: Effective date, if other than the dective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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