

L17000061603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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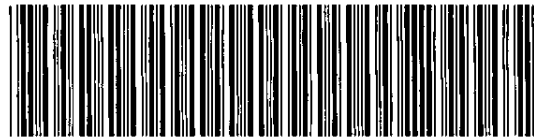
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

MAR 21 2017

Account#: I20000000088

Date: 03/20/2017

Name: Michelle Walker

Reference #: G031463

ENTITY NAME: QMEETUP, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

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TALLAHASSEE, FLORIDA

Please return a copy of this cover letter with the evidence. Thanks!

Authorized Amount: \$125

Signature: Michelle Walker

Please call Michelle at 518-213-0737

if authorized amount is incorrect.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QMEETUP, LLC

(Must contain 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:

0N080 PIERCE AVE.

WHEATON, IL 60187

Mailing Address:

0N080 PIERCE AVE.

WHEATON, IL 60187

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:

National Corporate Research, Ltd, Inc.
Name

115 N. Calhoun St., Ste 4

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

Tallahassee FL 32301
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.

Brittany Tellimchi - Assistant Secretary
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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:

GREG K. BARBER
0N080 PIERCE AVE.
WHEATON, IL 60187

MGR

KIMBERLY BARES
2929 W. GREGORY ST.
CHICAGO, IL 60657

MGR

LEONARD MAYERSKY
5958 N WINTHROP AVE., 3W
CHICAGO, IL 60657

AMBR

ANDREW WHITING
55 W MONROE, STE. 1200
CHICAGO, IL 60603

(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.

ANDREW WHITING

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)

FILED
2017 MAR 10 AM 9:06
CLERK OF THE COURT
JULY 10