

# L17aw 206707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

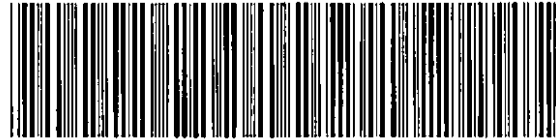
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only

M. MOON

OCT 06 2017



600303360716

FILED  
OCT 06 2017  
17 OCT -6 PM 4:49

FILED  
OCT 06 2017  
17 OCT -6 PM 5:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 850091 7175508

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : October 5, 2017

ORDER TIME : 10:22 AM

ORDER NO. : 850091-005

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: BAY WEST RETAIL, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
STATE  
TALLAHASSEE, FLORIDA  
17 OCT -6 PM 5:06

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAY WEST RETAIL, 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:

LINDSAY SAFFRIN

Name of Person

LEVENFELD PEARLSTEIN, LLC

Firm/Company

2 N. LASALLE ST., STE. 1300

Address

CHICAGO, IL 60602

City/State and Zip Code

GSHABAT@LAKESHOREMHC.COM

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

For further information concerning this matter, please call:

LINDSAY SAFFRIN      312      346-8380  
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

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

17 OCT -6 PM 5:06  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
NEW FILING SECTION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAY WEST RETAIL, 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:

Mailing Address:

8800 N. BRONX AVE., 2ND FLOOR  
SKOKIE, IL 60077

8800 N. BRONX AVE., 2ND FLOOR  
SKOKIE, IL 60077

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:

Corporation Service Company  
Name

1201 Hays Street

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

|                    |           |              |
|--------------------|-----------|--------------|
| <u>Tallahassee</u> | <u>FL</u> | <u>32301</u> |
| 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.*

Corporation Service Company

By:

M. Zender  
Registered Agent's Signature (REQUIRED)

Melissa Zender

Asst. Vice President

(CONTINUED)

FILED  
IN THE OFFICE OF THE  
CLERK OF THE  
STATE OF FLORIDA  
17 OCT -6 PM 5:06

**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:**

LS TAMPA, LLC

8800 N. BRONX AVE., 2ND FLOOR

SKOKIE, IL 60077

(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.

KEITH ROSS, AUTHORIZED PERSON

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)

17 OCT -6 PM 5:06  
STATE OF FLORIDA  
DEPARTMENT OF STATE