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	(Requestor's Name)			
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PICK-U	WAIT MAIL			
	(Business Entity Name)			
	(Dusiness Linky Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE ALLAHASSEE. FLORIDA

T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

1110Ac. 030 330 1300				
ACCOUNT NO. : I2000000195				
REFERENCE : 652460 7911829				
AUTHORIZATION: Spullelena				
COST LIMIT : \$ 125.00				
ORDER DATE: March 1, 2019				
ORDER TIME : 5:01 PM				
ORDER NO. : 652460-025				
CUSTOMER NO: 7911829				
DOMESTIC FILING				
NAME: FERNANDINA BEACH PROPERTY HOLDINGS, LLC				
EFFECTIVE DATE:				
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Emily Croft - EXT. 62925				

EXAMINER'S INITIALS:

COVER LETTER

	vision of	Section Corporations		
SUBJECT:		ndina Beach Property I	doldings, LLC	
SUBJECT.	'	Name o	of Limited Lial	bility Company
The enclose	d Articles	s of Organization and fee	(s) are submitt	ed for filing.
Please retur	n all corre	espondence concerning th	nis matter to th	e following:
	Daniel G	Garden		
			Name	of Person
·			Firm/0	Company
	3450 Oa	ikton Street		
			Ad	dress
	Skokie, I	L 60076		
ď	lgarden@	gcascadellc.com	City/State	and Zip Code
			used for future	e annual report notification)
For further in	formation	concerning this matter,	olease call:	
\	Ne ndy G		847 at (745-7079
_	N	ame of Person	Area Code	
Enclosed is	a check fo	or the following amount:		
\$125.00 Fili	ing Fee	\$130.00 Filing Fee Certificate of Statu	ıs L—lCerti	5.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address v Filing Section		Street Address New Filing Section
	Div P.O	ision of Corporations . Box 6327 lahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
Fernandina Beach Property Holdings, 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:					
<u>Principal</u>	Office Address:		Mailing Address:		
3450 Oakton Street Skokie, IL 60076			3450 Oakton Street Skokie, IL 60076		
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)					
	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..

Corporation Service Company

Emily Croft

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 MAR -4 AN ID 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Manager	Chaim Rajchenbach 3450 Oakton Street Skokie, IL 60076
Manager	Menachem Shabat 3450 Oakton Street Skokie, IL 60076
(Use attachment if necessary)	
(If an effective date is listed, the date must be specific the date of filing.)	filing: (OPTIONAL) Tic and cannot be more than five business days prior to or 90 days after It the applicable statutory filing requirements, this date will not be listed a State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	h
This document is executed I am aware that any false inf	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
Mordy Kaplan T	yped 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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