Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name ; GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 : (407)244-5690

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Jason.Searl@gray-robinson.com

# FLORIDA LIMITED LIABILITY CO.

Thompson Heights, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: THOMPSON HEIGHTS, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6 Ambrose Lane South Barrington, IL 60010

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Jason W. Scarl Name

GrayRobinson, P.A., 301 E. Pine Street, Suite 1400
Florida street address (P.O. Box NOT acceptable)

Orlando, Florida 32801 City, State, and 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.

Registered Agent's Signature: Jason W. Scarl

Article IV - Management:

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

Title:

Name and Address:

Manager

Robert N. Wallen 6 Ambrose Lane

Couth Barrington/IL 60010

Jason W/Searl, Authorized Representative

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Jason W. Searl

Typed or printed name of signee

### Filing Fees:

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