

L2000006662

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: 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

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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. Searl

Name

Gray Robinson, 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. Searl

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
South 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:

\$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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ALL APPLICANTS