Division of Corporations

1/27/2022

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000036180 3)))



H220000361803ABCW

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: COGENCY GLOBAL, INC.

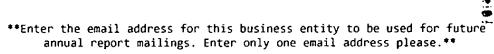
Account Number : I20000000088

Phone

: (800)221-0102

Fax Number

: (800)944-6607



Email	Address:		_
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FLORIDA LIMITED LIABILITY CO. 1038 11TH ST LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

S. CHATHAM Help

JAN 28 2022

TO:

New Filing Section

Division of Corporations

FILE

COVER LETTER

OVER LETTER

22 JAN 27 PM 12: 27

SECRETARY OF STATE

				Ω	KLEAGASTEE, M. GRIDE			
SUBJECT	٠.	103	38 1 lth St. LLC					
3007201	Name of Limited Liability Company							
The enclos	ed Articles of	Organization and fee	(s) are submitted	I for filing.				
Please retu	rn all correspo	ondence concerning th	is matter to the	following:				
	Chad M. Po	znansky						
	Name of Person							
	Clark Hill PLC							
		Firm/Company						
	130 E. Rand	130 E. Randolph Street, Suite 3900						
	Address							
Chicago, IL 60601								
	City/State and Zip Code							
-	<u> </u>	Clarkhill.com	16 6					
		n-mail address: (to be	used for future	annual report notificat	non)			
For further in	nformation co	ncerning this matter, p	olease call:					
	Daniel M. Be		312 at (360-2128				
	Nam	e of Person	Area Code	Daytime Telephor	ne Number			
Enclosed is	s a check for t	he following amount:						
≣\$125.00	Filing Fee	□\$130.00 Filing F Certificate of Statu	s Certif	55.00 Filing Fee & ied Copy nal 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPARY | L E

ARTICLE 1 - Name: The name of the Limited Liability Company is:			22 JAN 27 PM 12: 27
	1038 11TH ST	LLC	SECRETARY OF STATE
(Must contain the words "	Limited Liability	Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of t	he Limited Liability Con	mpany is:
Principal Office Addr	ess:	<u>M</u>	ailing Address:
1628 N. Wells, Unit 1		1111 SW 1st Ave	: .
Chicago, IL 60614		Unit 2625	
		Miami, FL 33130)
The name and the Florida street address of the r	egistered agent ar <u>Robert Sek</u> Name		
	1111 SW 1st Ave	e., Unit 2625	
		ox NOT acceptable)	
Mi	ami FI	33	130
Ci	ty Sta	nte Zip	
Having been named as registered agent and to acc place designated in this certificate. I hereby accep further agree to comply with the provisions of all s am familiar with and accept the obligations of my	t the appointment tatutes relating to	as registered agent and the proper and complete ered agent as provided fo	agree to act in this capacity. I e performance of my duties, and I
		nt's Signature (REQUIF	(FD)
	Registered Age	in sorgimuse (NEQUII	(DD)

(CONTINUED)

To:

ARTICLE IV-

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

_	Title:	Name and Address:		
	"AMBR" = Authorized Member "MGR" = Manager			
	<u> </u>	New Body No. of Plants II C		
	MGR	North Park Ventures Florida LLC 1628 N. Wells, Unit 1		
		Chicago, IL 60614		
	(Use attachment if necessary)			
	(Ose attachment in necessary)			
ARTICL	EV: Effective date, if other than the dat	c of filing: (OPTIONAL)		
		pecific and cannot be more than five business days prior to or 90 days after		
the date o		were the continued attention of the requirements, this date will not be listed as		
	the date inserted in this block does not nent's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.		
ARTICL	E VI: Other provisions, if any.			
		managed.		
				
_ ;				
	REOUIRED SIGNATURE:	01.5011		
		Robert Sekula		
	Signature of a n	nember or an authorized representative of a member.		
	This document is exec	uted in accordance with section 605.0203 (1) (b), Florida Statutes.		
	I am aware that any fal	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.		
	constituted a differ degi			
		Robert Sekula Typed or printed name of signee		
		Typed or printed name of signee		
		T1141 T7		

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)

