

L22000312930

(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



100390616341

S. CHATHAM  
JUL 15 2022

RECEIVED  
2022 JUL 15 PM 1:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

22 JUL 15 AM 4:13

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 07/15/22**

**NAME: 2181 TARPON, LLC**

**TYPE OF FILING: ARTICLES**

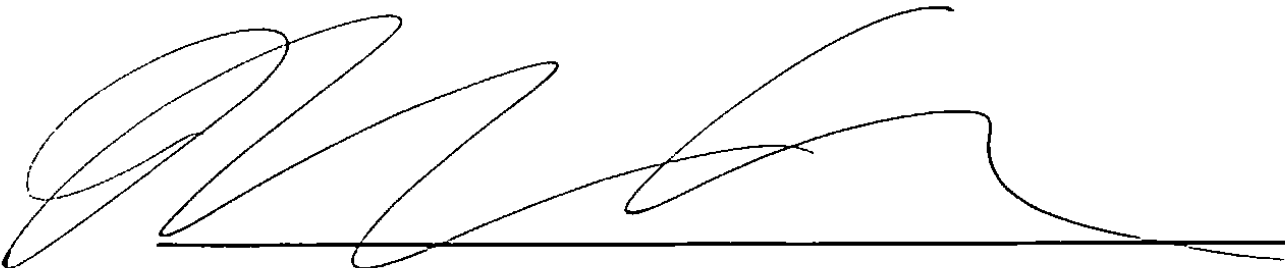
**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A large, stylized handwritten signature in black ink, appearing to be 'Abbie Hodge', is written over a horizontal line.

22 JUL 15 AM 4:13  
SEARCHED  
SERIALIZED  
INDEXED  
FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 2181 TARPON, 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:

JEAN ERHARDT  
Name of Person  
CLINGEN CALLOW & McLEAN, LLC  
Firm/Company  
2300 CABOT DRIVE, SUITE 500  
Address  
LISLE, ILLINOIS 60532  
City/State and Zip Code  
ERHARDT@CCMLAWYER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN ERHARDT                      630                      871-2600  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

JUL 15 AM 4:13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2181 TARPON, 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:

13265 LAKEPOINT DRIVE  
PLAINFIELD, ILLINOIS 60585

13265 LAKEPOINT DRIVE  
PLAINFIELD, ILLINOIS 60585

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:

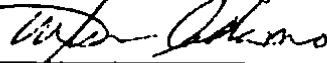
Corporation Service Company  
Name

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

By: 

Registered Agent's Signature (REQUIRED)

Stephen Adamo, Assistant Secretary

(CONTINUED)

22 JUL 15 AM 4:13  
STATE OF FLORIDA  
SECRETARY OF STATE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

JUSTIN CARROL  
13265 LAKEPOINT DRIVE  
PLAINFIELD, ILLINOIS 60585

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

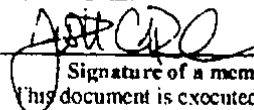
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

JUSTIN CARROL

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)

22 JUL 15 AM 4:13  
SERIALIZED  
INDEXED  
RECEIVED