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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

08/2023	
CHRIS	
2206987	
OHR P	ROPERTIES, LLC
Incorporation/Authorizat	ion to Transact Business
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n/Withdrawal	
Name	
CERT	FIED COPY UPON FILING
int: \$155.00	
	CHRIS 2206987 OHR P Incorporation/Authorizat nt Agent ment n n/Withdrawal Name CERTI



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Account#: I20000000088

Date ⁻	12/08/2023	
Name:		
Reference #	± <u>2</u> 206987	
Entity Name	. OI	IR PROPERTIES, LLC
		orization to Transact Business
☐ Ame	ndment	
Char	nge of Agent	
☐ Rein	statement	
☐ Conv	version	
☐ Merg	ger	
☐ Disse	olutionWithdrawal	
☐ Fictit	ious Name	
✓ Othe	r	CERTIFIED COPY UPON FILING
Authorized .	Amount: \$15	<u>i,00</u>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:			
OHR PROPERTIES,	LLC			
(Must conta	in the words "Limited L	iability Compan	y, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limit	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
1851 W. GALENA B SUITE 103 AURORA, IL 60506	OULEVARD	SI	51 W. GALENA BOULEVARD JITE 103 JIRORA, IL 60506	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its own I	Registered Agen	ent's Signature: L. You must designate an individual c	or
The name and the Florida street a	ddress of the registered	agent are:		
COGENCY GLOBAL, INC.				
		Name		
115 N. CALHOUN STREET, SUITE 4 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR JAMES G. MANDEL 1851 W. GALENA BOULEVARD, SUITE 103 AURORA, II. 60506 MGR KEVIN CALDER 220 GARDEN STREET YORKVILLE, II. 60560	
MGR JAMES G. MANDEL 1851 W. GALENA BOULEVARD, SUITE 103 AURORA, II. 60506 MGR KEVIN CALDER 220 GARDEN STREET YORKVILLE, II. 60560	
MGR KEVIN CALDER 220 GARDEN STREET YORKVILLE, IL. 60560	
MGR KEVIN CALDER 220 GARDEN STREET YORKVILLE, IL 60560	
220 GARDEN STREET YORKVILLE, IL 60560	
220 GARDEN STREET YORKVILLE, IL 60560	
220 GARDEN STREET YORKVILLE, IL 60560	
of the control of the	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	
the document of the tive date with the population of the contract.	
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.	
MICHELLE BURBACH - ORGANIZER Typed or printed name of signee	
ryped or printed name of signed	

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)