

L23000544445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

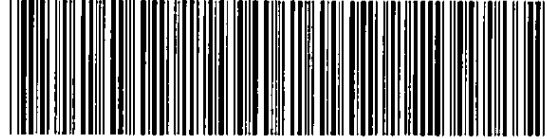
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418860441

RECEIVED

2023 DEC -6 PM 4: 21

OFFICE OF THE
CLERK OF THE
COURT OF COMMON PLEAS
HARRISBURG, PA

2023 DEC -6 PM 5: 43



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2023

COGENCYGLOBAL

SUBJECT: RCM WYNSTONE LLC
Ref. Number: W23000163884

We have received your document for RCM WYNSTONE LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 123A00027921



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

Account#: I20000000088

Date: 12/07/2023

Name: Juliana

Reference #: 2205449

Entity Name: RCM WYNSTONE LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Please retain original
filing date

Authorized Amount: \$125.00

Signature: Juliana Prestia



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

Account#: 120000000088

Date: 12/07/2023

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Authorized Amount: \$125.00

Signature: Juliana Prestia



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New Filing Section

Letter Number: 123A00027921

RECEIVED
2023 DEC -8 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RCM Wynstone 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:

Jessica L. Coutré

Name of Person

Thompson Coburn LLP

Firm/Company

55 E. Monroe St., 37th Floor

Address

Chicago, IL 60603

City/State and Zip Code

jcoutre@thompsoncoburn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather J. Kociara

312

580-5097

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RCM Wynstone 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:

8787 Bay Colony Drive, Unit 1402

8787 Bay Colony Drive, Unit 1402

Naples, FL 34108

Naples, FL 34108

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:

Cogency Global Inc.

Name

115 North Calhoun Street, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

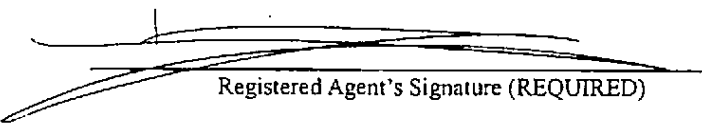
32301

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)

2023 OCT - PM 5:47

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:

Manager

Lisa Korn

942 West Kelsey Court

Palatine, IL 60067-5968

Manager

Robert Marconi

8787 Bay Colony Drive, Unit 1402

Naples, FL 34108

Member

Robert C. Marconi and Lisa M. Korn, as Trustees of the

Robert C. Marconi Declaration of Trust u/a/d June 30, 1992, as amended

8787 Bay Colony Drive, Unit 1402, Naples, FL 34108

(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.

Jessica L. Coutre

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)

2002 JUN 10 10:51