M0700000940

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
,		DB
WOTOODO	556739	7

Office Use Only



800112344918

11/16/07--01040--011 **160.00

OT NOV 27 PH 12: 13
SECRETARY OF STAIR.
ALLAHASSEE FINDIS.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MPBP 2 Enterprises, LLC	nited Liability Company)			
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are so liability company to transact business in Florida	ability Company for Authorization to Tr			
Please return all correspondence concerning this n	natter to the following:			
Martin Hadle				
(Na	nme of Person)			
MPBP 2 Enterprises, LLC		SEC	07 N	•===
(Fi	rm/Company)	AHAS AHAS	NOV 27	ensuma ensuma
2323 S. Mount Prospect R	_, ····		7 PM 12:	
	(Address)	STATE LORID/	12: 13	
Des Plaines, IL 60018				
(City/St	ate and Zip Code)			
For further information concerning this matter, ple	ease call:			
Amy Kehl	at (847) 759-8094			
(Name of Person)	(Area Code & Daytime Telephone	Numbe	er)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$\$130.00 \text{ Filing Fee & Certificate of }\$	\$155.00 Filing Fee & \$\sum \$160.00 Filing Status Certified Copy of S	ng Fee, C status & (



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2007

MARTIN HADLE 2323 S. MOUNT PROSPECT ROAD DES PLAINES, IL 60018

SUBJECT: MPBP 2 ENTERPRISES, LLC

Ref. Number: W07000056739

We have received your document for MPBP 2 ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 007A000664127 PM I2:



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	<i>MPANYTOTRANSACT BUSINESS IN THE S</i> erprises, LLC \	IATE OF FLORIDA:			
	n Limited Liability Company; must include	"Limited Liability Com	pany," "L.L.C.,	" or "LLC.")	
	nter alternate name adopted for the purpose or managing members adopting the alternation. LLC.")				
_{2.} Illinois	3.	26-1392199			
(Jurisdiction under the company is organized	e law of which foreign limited liability	(FEI num	ber, if applicab	ole)	
4. 11/09/2007 (Date	of Organization) 5.	Perpetual (Duration: Year limite exist or "perpetual")	d liability comp	any will cease	to
6					
7	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration determine penalty liabi	ı.) lity)	O7 NO SECT TALLA	De Tari
	unt Drawn act Daad Daa Die	inno II 60040		HOV 2	CHARTES
2323 S. IVIOL	unt Prospect Road-Des Pla	,		35.7. 7	<u>l</u>
8. If limited liability	y company is a manager-managed co	,		PH 12: 1	FERRINA
9. The name and us	ual business addresses of the manag	ing members or mar	nagers are as f	fo#ows:	
2323 S. Moi	unt Prospect Road-Des Pla	aines, IL 60018	- Mart	ntadle.	-MGRN
the jurisdiction under the	al certificate of existence, no more than 90 day law of which it is organized. (A photocopy in the under oath of the translator must be submit	s not acceptable. If the cer	•	-	
11. Nature of busin	ess or purposes to be conducted or p	promoted in Florida:	Real Esta	ate	
	Ma Manth	y			<u> </u>
	Signature of a member or an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury Martin Hadle	, the execution of this docu	ment constitutes	- r.	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
MPBP 2 Enterprises, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office a	£ 2
Donald Ross	27
(Name)	PH 12:
599 Ninth Street North Suite#300	STATE LORIDA
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Naples 34102 _{FL}	
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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0238807-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MPBP 2 ENTERPRISES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLING™SONS NOVEMBER 09, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE #\$CIN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH

day of

NOVEMBER A.D.

2007

Authentication #: 0731703108 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE