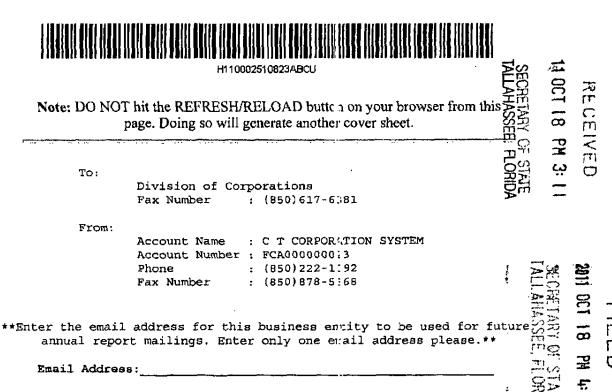
Note: Please print this page and use it as a cover sheet. Type the fax audit

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.

**Electronic Filing Cover Sheet** 

(((H11000251082 3)))



## FLORIDA PROFIT/NON PROFIT CORPORATION North Port Trustee, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

T. Burch OCT 1 9 2011

## COVER LETTER:

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Nonl	h Port Trustee, Inc.		
	(PROPOSED CORPO	RATE NAME - MUST INC	LUDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the a	aticles of incorporation ar	nd a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filling Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM:	Michello Petrus		
-	Na	me (Printed or typed)	
3	201 Old Glenview Road, Suite 301		
	,	Address	
H	/dmette, 11. 60091		
	Cil	y, State & Zip	
8	47-256-8800 x119		
<del></del>	Daytime	Celephone number	
m ·	petrus@shinergrp.com E-mail address: (to be u	sed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

(Lord - 10/05/2010) CT System On file

## PILED PH 4:50

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the co	proporation shall be: North Port	Trustee, Inc.	
article 11	PRINCIPAL OFFICE		3
	Principal street address	Mailin	g address, if different is:
:	51 Sherwood Terrace		
_	Luke Bluff, IL 60044		g æddress, if different is:
-		مريد المراجع ا	· ·
RTICLE III	<del></del>		r G
he purpose for w	hich the corporation is organized is:		÷ 2
The transaction o	f any and all lawful businesses for which co	omorations may be incorporate	al under Florida Business Corpo
nct.			
RTICLE IV	CHADDC		
	res of stock is: 1000		
DWMCFE U	TAIMPLAT OFFICERS AND OF DEDEC	Mana .	
	INTIAL OFFICERS AND/OR DIRECT IIIe: Gerald L. Pollack, President		
Address:	51 Sherwood Terrace, Suite S	Address:	
110010001	Lake Bluff, IL 60044		
Name and Ti	itle: Theodore J. Schmidt, Vice President	N'ama any Titler	
Address:	9S175 Drew Ave	Address	
7 ( 0 0 0 0 1 1 1	Burr Ridge, IL 60527		
Name and Ti	itle:	Name and Title:	
Address:			
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptat	ble) of the registered agent is:	
Name:	CT Corporation System		•
Address:	1200 South Pine Island Road		
	Plantation, Florida 33324,	<del></del>	
RTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Michelle Petrus		
Address:	3201 Old Glenview Road, Ste 301		
	Wilmene, 1L 60091	or the state of th	
avina haga man	ed as registered agent to accept service of p	warnes for the above sented on	ensembles at the plant decirontal
is cestificate. I an	n familiar with and accept the appointment of	as registered goest and assert to	o act in this conneits
	C.T. Communication Estates	James M. Halpin	A LEVEL TO BE REALLY OF THE PROPERTY OF THE PR
:	Com In The	Assistant Secretary	10/10/2022
	Required Signature/Registered Agent		10/18/2011 Date
	•		
abmit this docu	ment and affirm that the facts stated herei.	n are true. I am aware that it	le false information submitted in
	partment of State constitutes a third degree	felany as provided for in s.817.	.155, F.S.
Cument to the De			
M. D. O.	Required Signature/Incorporator		id ton