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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone #	(†)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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GECRETARY OF STATE

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ACCOUNT NO. : I2000000195 REFERENCE: 895060 7175508 AUTHORIZATION : COST LIMIT : \$ 7.0×0.0 ORDER DATE: November 21, 2013 ORDER TIME : 9:31 AM ORDER NO. : 895060-005 CUSTOMER NO: 7175508 DOMESTIC FILING NAME: SANSARA DEVELOPMENT CORPORATION EFFECTIVE DATE: XX ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Dina Bailey - EXT. 53792

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: SANSA	RA DEVELOPMENT CORPORA	ATION	
SOBJECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	•	ion Service Company	
	Nam	e (Printed or typed)	
		Hays Street	
		Address	
	Tallah	assee, FL 32301	
	City,	State & Zip	
	Daytime 7	elephone number	
		nts@lplegal.com	notification)
	E-mail address: (to be use	ed for future annual report	nouncation)

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

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

Principal street address Mailing address, if different is: WEST OHIO STREET, 6TH FLOOR CAGO, ILLINOIS 60654 TICLE III PURPOSE Purpose for which the corporation is organized is: WHICH CORPORATIONS MAY BE INCORPORATED TICLE IV SHARES Pumber of shares of stock is: 10,000 WITH \$1.00 PAR VALUE PURPOSE Pumber of shares of stock is: Address Address Address Name and Title: Name and Title: Address Name and Title: Address Name and Title: Address Address:	SE 10,000 WITH \$1.00 PAR VALUE CIST 10,000 WITH \$1.00 PAR VALUE Address: Name and Title: Name and Title: Address:	Principal street address WEST OHIO STREET, 6TH FLOOR CAGO, ILLINOIS 60654 CICLE III PURPOSE DURPOSE OF Which the corporation is organized is: WHICH CORPORATIONS MAY BE INCORPORATED CICLE IV SHARES DUMBER of shares of stock is: TICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Address Name and Title: Name and Title: Address Address:	TCLE II PRINCIPAL OFFICE	SARA DEVELOPMENT CORPORATION			
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Name ar	nd Title:	Name and Title:	
Address	S	Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered agent is:	
	,	or me registered agent is.	
Name:	Corporation Service Company	_	
Address:	1201 Hays Street	_	TAS #
	Tallahassee, FL 32301		ECRE VON 8
ARTICLE VII	INCORPORATOR		22 A
The name and a	ddress of the Incorporator is:		
Name:	MICHAEL J. TUCHMAN		25 c
Address:	2 N. LASALLE ST., SUITE 13000		IDA O
	CHICAGO, IL 60602		
this certificate. I	med as registered agent to accept service of proce am familiar with and accept the appointment as r Service company	egistered agent and agree to act	
-x - y-	Required Signature/Registered Agent	Vice President	Date
I submit this do	Required Signature/Registered Agent AS cument and affirm that the facts stated herein and Department of State constitutes a third degree felor	c nucl 1 uni umare ana me jus	e information submitted in a F.S.
-4			November 21, 2013
	Required Signature/Incorporator		Date