

U7000139724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

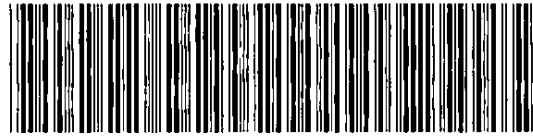
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: June 28, 2017

Account#: I20000000088

Name: Marisa Kugelman

Reference #: B090018

Entity Name: BRIDGE POINT RIVERBEND MANAGER, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other Certified Copy and Certificate of Status upon filing

Authorized Amount: \$160,000

Signature: 

• CORPORATE HQ
COGENCYGLOBAL, LLC
115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BRIDGE POINT RIVERBEND MANAGER, 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:

Michael J. Perlowski

Name of Person

Mayer Brown LLP

Firm/Company

71 South Wacker Drive

Address

Chicago, Illinois 60606

City/State and Zip Code

mperlowski@mayerbrown.com

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

For further information concerning this matter, please call:

Michael J. Perlowski

312

701.7186

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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRIDGE POINT RIVERBEND MANAGER, 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:

1000 W. Irving Park Road, Suite 150
Itasca, Illinois 60143

Mailing Address:

1000 W. Irving Park Road, Suite 150
Itasca, Illinois 60143

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 33324
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..

By: Cogency Global Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager MGR	Kevin Carroll 1000 W. Irving Park Road, Suite 150 Itasca, Illinois 60143
MGR	Steven Poulos 1000 W. Irving Park Road, Suite 150 Itasca, Illinois 60143
MGR	John Maduros 1000 W. Irving Park Road, Suite 150 Itasca, Illinois 60143
MGR	Anthony Pricco 1000 W. Irving Park Road, Suite 150 Itasca, Illinois 60143

(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.

Michael J. Perkowski

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)