

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE



Whereas,

ARTICLES OF ORGANIZATION OF

TUSCANY WHEELING, L.L.C., ORGANIZED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE LIMITED LIABILITY COMPANY ACT OF ILLINOIS, IN FORCE JANUARY 1, 1994.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate of organization under the Illinois Limited Liability Company Act.

In Testimony Whereof, I hereto set my hand and cause to

be affixed the Great Seal of the State of Illinois, at

the City of Springfield, this 30TH

day of SEPTEMBER A.D. 1999 and

of the Independence of the United States

the two hundred and 24TH



Jesse White

SECRETARY OF STATE

Form **LLC-5.5**
January 1998

Illinois
Limited Liability Company Act
Articles of Organization

This space for use by
Secretary of State

George H. Ryan
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL 62756
http://www.sos.state.il.us

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

FILED
SEPTEMBER 30, 1999
LIMITED LIABILITY CO. DIV.
JESSE WHITE
SECRETARY OF STATE

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

Date 09/30/1999

Assigned File # 00528944

Filing Fee \$400.00

Approved: [Signature]

PAID
SEPTEMBER 30, 1999

1. Limited Liability Company Name: TUSCANY WHEELING, L.L.C.

(The LLC name must contain the words limited liability company, L.L.C. or LLC and cannot contain the terms corporation, corp., incorporated, inc., ltd., co., limited partnership, or L.P.)

2. Transacting business under an assumed name: Yes No
(If YES, a Form LLC-1.20 is required to be completed and attached to these Articles.)

3. The address, including county, of its principal place of business: (Post office box alone and c/o are unacceptable.) 550 S. Milwaukee Ave.
Wheeling, Il. 60090 Cook County

4. Federal Employer Identification Number (F.E.I.N.): 36-4315357

5. The Articles of Organization are effective on: (Check one)
a) XX the filing date, or b) _____ another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)

6. The registered agent's name and registered office address is:
Registered agent: XXXXXXXXXXXX Steven Hartenstein
First Name Middle Initial Last Name
Registered Office: 1418 W. Fullerton
Number Street Suite #
(P.O. Box alone and c/o are unacceptable) Chicago, Il. 60614
City ZIP Code Cook County

7. Purpose or purposes for which the LLC is organized: Include the business code # (from IRS Form 1065)
(If not sufficient space to cover this point, add one or more sheets of this size.)

Restaurant/Bar, and:
the transaction of any or all lawful businesses for which limited liability companies may be organized under the ILLCA of Illinois, and:
any other lines of business to the extent permitted by law.

8. The latest date, if any, upon which the company is to dissolve January 1, 2030
(month, day, year)

Any other events of dissolution enumerated on an attachment. (Optional)

LLC-5.5

9. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:

Yes No

If yes, state the provisions(s) and the statutory cite(s) from the ILLCA.

10. a) Management is vested, in whole or in part, in the manager(s):

Yes No

If yes, list names and business addresses.

b) Management is vested, in whole or in part, by the member(s):

Yes No

If yes, list names and addresses.


Phil Stefani
1418 W. Fullerton
Chicago, IL 60614

11. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that these articles of organization are to the best of my knowledge and belief, true, correct and complete.

Dated August 31 19 09

Signature(s) and Name(s) of Organizer(s)

Business Address(es)

1. 
 Signature
 PHIL STEFANI, ORGANIZER
 (Type or print name and title)

 (Name if a corporation or other entity)

2. _____
 Signature

 (Type or print name and title)

 (Name if a corporation or other entity)

3. _____
 Signature

 (Type or print name and title)

 (Name if a corporation or other entity)

1. 1418 W. Fullerton
 Number Street
 Chicago, IL 60614
 City/Town

 State ZIP Code

2. _____
 Number Street

 City/Town

 State ZIP Code

3. _____
 Number Street

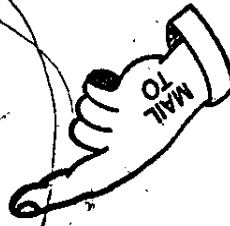
 City/Town

 State ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

MAIL TO:

LAW OFFICE OF
JOHN J. LAG
1555 N. Sheffield
Chicago, IL 60622



Property of Cook County Clerk's Office