



Whereas,

ARTICLES OF ORGANIZATION OF

MFJT, LLC,

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 13TH

day of SEPTEMBER A.D. 2001 and

of the Independence of the United States

the two hundred and 26TH

*Jesse White*

SECRETARY OF STATE



UNOFFICIAL COPY

Property of Cook County Clerk's Office

Form **LLC-5.5**  
January 2000

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

Illinois  
**Limited Liability Company Act**  
**Articles of Organization**

This space for use by  
Secretary of State

**FILED**

SEP 13 2001

JESSE WHITE  
SECRETARY OF STATE

**SUBMIT IN DUPLICATE**

Must be typewritten

This space for use by Secretary of State

Date 9-13-01  
Assigned File # 0060-198-5  
Filing Fee \$400.00  
Approved: JWB

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."

1. Limited Liability Company Name: MFJT, LLC

(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. If transacting business under an assumed name, complete and attach Form LLC-1.20.

3. The address of its principal place of business: (Post office box alone and c/o are unacceptable.)  
6011 N. Kenmore, Chicago, IL 60640

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

5. The registered agent's name and registered office address is:

Registered agent:	<u>Stephen</u>	<u>A.</u>	<u>Witt</u>
	<small>First Name</small>	<small>Middle Initial</small>	<small>Last Name</small>
Registered Office:	<u>One N. LaSalle</u>		<u>Suite 3900</u>
(P.O. Box and c/o are unacceptable)	<u>Chicago</u>	<u>60602</u>	<u>Cook</u>
	<small>City</small>	<small>ZIP Code</small>	<small>County</small>

6. Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).  
(If not sufficient space to cover this point, add one or more sheets of this size.)  
"The transaction of any or all lawful business for which limited liability companies may be organized under this Act." Code: 6552

7. The latest date, if any, upon which the company is to dissolve 12/31/2099  
(month, day, year)  
Any other events of dissolution enumerated on an attachment. (Optional)

LLC-5.5

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

If yes, state the provisions(s) from the ILLCA.  Yes  No

9. a) Management is by manager(s):  Yes  No

If yes, list names and business addresses.

6011 Kenmore Associates Partnership  
d/b/a Junkovic Family Partnership  
6011 N. Kenmore, Chicago, IL 60640

b) Management is vested in the member(s):  Yes  No

If yes, list names and addresses.

10. I affirm, 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 23, 2001  
(Month/Day) (Year)

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

Business Address(es)

1. Joseph Junkovic  
Signature  
6011 Kenmore Associates Partnership  
DBA Junkovic Family Partnership  
(Type or print name and title)  
(Name if a corporation or other entity)

1. 6011 N. Kenmore  
Number Street  
Chicago  
City/Town  
IL 60640  
State ZIP Code

2. \_\_\_\_\_  
Signature  
(Type or print name and title)  
(Name if a corporation or other entity)

2. \_\_\_\_\_  
Number Street  
City/Town  
State ZIP Code

3. \_\_\_\_\_  
Signature  
(Type or print name and title)  
(Name if a corporation or other entity)

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.)