UFIN NUMBER F Q46A44-2C C 9730255243

2002-01-14 12:19:25
Cook County Recorder 25.50

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0020055243

### Whereas,

ARTICLES OF ORGANIZATION OF

EYTAN MANAGEMENT, 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

"		•	•			
tŀ	he City of	Springfield, this _		315	T	
Jr.		DECEMBER	_ A.D.	2001	and	
	of the In	dependence of the	United	States		
OIS	the two	hundred and		26TH	•	
		1	)(_	0'1	_	
9	<u> </u>	DODAL	$\mathcal{U}$	h, To	٠,	

RETURN TO:

SECRETARY OF STATE

BRUCE F. MOFKMAN
1200 SHERMER ROAD, SUITE 301
NORTHBROOKILL COOL2

LLC-19.2

## **UNOFFICIAL COPY**





# LLC-5.5 | Illinois

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

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."

# Illinois Limited Liability Company Act Articles of Organization

#### SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

Date 12/31/0

Assigned File # 006 4844-2

Filing Fee

\$400.00

Approved: (Po~)

This space for use by Secretary of State

# FILED

DEC 3 1 2001

JESSE WHITE SECRETARY OF STATE

Limited Liability Compa	ny Name:	Eytan Manag	gement, L.I	L.C @~	
- 60					
(The LLC name must contain in inc., Itd., co., limited partnership.	words limited liability	company, L.L.C. or LL	C and cannot contain	the terms corpora	ation, corp., incorporated,
If transacting business u	inder an assum	ed name, comple	te and attach Fo	orm LLC-1.2	0.
The address of its princi	pal place of bus	siness: (Post offic	e box alone and	l c/o are una	cceptable.)
2113 N.	Oakley,	Licago Illi	nois 60647	7	
The Articles of Organiza  a) X the filing date	, or b) a		•		lays subsequent
The registered agent's n	ame and registe	ered office addres	ss is:	, , par e	
Registered agent:	Bruce First Name	F. Hoffman	Middle Initial	<u> </u>	Last Name
Registered Office:		hermer Road		1,0	Last Name
(P.O. Box and c/o are unacceptable)		rook Illino	Street is 60062	0.	Suite #
•	City		ZIP Code		County

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."

To purchase, own and manage real estate and the transaction of any or all lawful businesses for which limited liability companies may be organized under this act.

7398

7. The latest date, if any, upon which the company is to dissolve November 15, 2099 (month, day, year)

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

## C-5.5 UNOFFICIAL COPY

	Other provisions for the regulation of the interna	al affairs of the	e LLC per Section	5-5 (a) (8) included as attachment:
	If yes, state the provisions(s) from the ILLCA.	☐ Yes	X No	
	ing to the second of the secon	tyras 1975.	anto propositi	and Caller of the America
9.	a) Management is by manager(s):  If yes, list names and business addresses.	☐ Yes	X No	
	b) Management is vested in the member(s): If yes, list names and addresses.	<b>X</b> X Yes	□ No	
	Brian Rosen 2113 N. Uakley Chicago Illimois 60647	7		
IO.	I affirm, under penalties of perjury, having autilia	ority to sign h	ereto that these s	urticles of organization are to the hest
ΙΟ.	of my knowledge and belief, true, correct and c		oroto, triat tricso e	nuces of organization are to the pest
	- 1 //	4.40		
	Dated December / 8 (Month/Day)	. 2001 (Yea.)		
	Dated <u>December / D</u> (Month/Day)	(Year)		
			De Bus	siness Address(es)
1.	(Month/Day)		But 2113 10. 0	, ,
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature		2113 1(. 0	, ,
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)		2113 10. 0 Number Chicago	Street CityTown
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen		2113 1(. 0	akley Street
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)  (Name if a corporation or other entity)		2113 10. 0  Number Chicago  Illinois  State	Street CindTown 60/547 ZIP Code
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)	(Yea.)	2113 10. 0  Number Chicago  Illinois	Street Cit-Crown 60547
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)  (Name if a corporation or other entity)	(Yea.)	2113 10. 0  Number Chicago  Illinois  State	Street CindTown 60/547 ZIP Code
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)  (Name if a corporation or other entity)  Signature	(Yea.)	2113 10. 0  Number Chicago  Illinois  State	Street  Citizan 60/547  ZIP Code
1.	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)  (Name if a corporation or other entity)  Signature  (Type or print name and title)	(Yea.)	2113 1(. 0  Number Chicago  Illinois  State  Number	Street  City/Town 60547  ZIP Code  Stagt
	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)  (Name if a corporation or other entity)  Signature  (Type or print name and title)  (Name if a corporation or other entity)  Signature	(Yea.)	2113 10. 0  Number Chicago  Illinois State  Number	Street  City/Town  City/Town  ZIP Code  Street
	(Month/Day)  Signature(s) and Name(s) of Organizer(s)  Signature  Brian Rosen  (Type or print name and title)  (Name if a corporation or other entity)  Signature  (Type or print name and title)  (Name if a corporation or other entity)	(Yea.)	2113 10. 0  Number Chicago  Illinois State  Number	Street  Cit/Cown 60/547  ZIP Code  City/Town

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

LLC-4.5