



Whereas,

ARTICLES OF ORGANIZATION OF

PHOENIX ENTERPRISES, 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 _____ 20TH

day of _____ DECEMBER _____ A.D. 2001 and

of the Independence of the United States

the two hundred and _____ 26TH .



Jesse White

SECRETARY OF STATE

*Syes
 P-3
 mjd
 CW*

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Form **LLC-5.5**
January 2000

Illinois
Limited Liability Company Act
Articles of Organization

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."

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

Date 12.20.2001
Assigned File # 00641227
Filing Fee \$400.00
Approved: JS

This space for use by Secretary of State

FILED

DEC 20 2001

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name: PHOENIX ENTERPRISES, 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.)
3550 N. Lake Shore Drive #1005
Chicago, IL 60657

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: Linda G Bal
First Name Middle Initial Last Name
Registered Office: 207 N. Walnut Street
Number Street Suite #
(P.O. Box and c/o are unacceptable) Itasca IL 60143 Dupage
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."

7. The latest date, if any, upon which the company is to dissolve 12-31-2297
(month, day, year)
Any other events of dissolution enumerated on an attachment. (Optional)

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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.

0020372863

b) Management is vested in the member(s): Yes No
If yes, list names and addresses.

PHILLIP P. FOWLER : 3550 N. Lake Shore Drive
#1005
Chicago, IL 60657

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 11-20-01
(Month/Day) (Year)

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

1. Attorney Linda G. Bal
Signature

Attorney Linda G. Bal
(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)

Business Address(es)

1. 207 N. Wainut Street
Number Street

Itasca

City/Town

IL

60143

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.)