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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.if.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 1-23-03
Assigned File # 0085-089-6
Filing Fee \$400.00
Approved: B

This space for use by Secretary of State

FILED

JAN 23 2003

LIMITED LIABILITY CO. DIV.
JESSE WHITE
SECRETARY OF STATE

1.	Limited Liability Company Name: Ashford LLC						
	(The 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., Itd., co., limited partnership, or LP)						
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.)							
	Barrington, 15 50010						
4.	The Articles of Organization are effective on: (Check one)						
	a) X the filing date, or b) another date late: than but not more than 60 days subsequent to the filing date:						
5.	The registered agent's name and registered office address is: (month, day, year) COOK COUNTY RECORDER						
	Registered agent: Marilyn A. Rowley First Name Middle Initial Last Name (1988)						
	Registered Office: 1444 Cascade Lane ROLLING MEADOWS						
	c/o are unacceptable) Barrington, IL 60010 Cook						
6.	Purpose or purposes for which the LLC is organized: Include the business code # (IR's 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."						
	0314049186						
	Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 05/20/2003 02:06 PM Pg: 1 of 2						
7.	The latest date, if any, upon which the company is to dissolve Perpetual (month, day, year)						
	Any other events of dissolution enumerated on an attachment. (Optional)						

LLC-45

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LLC-5.5	L	L	C.	-5	5
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a. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:	8.	Other provisions for the regulation of the intern	al affairs of	the LLC === 0==== ===	
b) Management is vested in the member(s): Yes No. If yes, list names and editorsesses. Martiyn A. Rowley 1444 Cascade Lane 1444 Cascade Lane Barrington, IL 60010 1 affirm, under pegalties 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 (Month/Day) (Year) Signature(s) and Name(s) of Organizer(s) (Year) Signature(s) and Name(s) of Organizer(s) (Year) Signature (s) and Name(s) of Organizer(s) (Year) Signature (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 (Type or print name and title) (Type or print name		If yes, state the provisions(s) from the ILLCA.	Yes	No	(a) (8) included as attachment:
Marilyn A. Rowley 1444 Cascade Lane Barrington, IL 60010 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 (Month/Day) (Year) Signature(s) and Name(s) of Organizer(s) (Month/Day) (Year) Signature(s) and Name(s) of Organizer(s) (Month/Day) (Year) Signature (S) and Name(s) of Organizer(s) (Name if a corporation or other entity) State ZiP Code (Name if a corporation or other entity) Siete ZiP Code (Type or print name and title) (Type or print name and title) (Name if a corporation or other entity) Siete ZiP Code (Type or print name and title) (Type or print name and title) (Name if a corporation or other entity) Siete ZiP Code (Type or print name and title) (Type or print name and title) (Type or print name and title) (Type or print name and title)	9.	a) Management is by manager(s): If yes, list names and business addresses.	☐ Yes	X No	
Marilyn A. Rowley 1444 Cascade Lane Barrington, IL 60010 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 (Month/Day) (Year) Signature(s) and Name(s) of Organizer(s) (Month/Day) (Year) Signature(s) and Name(s) of Organizer(s) (Month/Day) (Year) Signature (S) and Name(s) of Organizer(s) (Name if a corporation or other entity) State ZiP Code (Name if a corporation or other entity) Siete ZiP Code (Type or print name and title) (Type or print name and title) (Name if a corporation or other entity) Siete ZiP Code (Type or print name and title) (Type or print name and title) (Name if a corporation or other entity) Siete ZiP Code (Type or print name and title) (Type or print name and title) (Type or print name and title) (Type or print name and title)		b) Management is vested in the member(s):	□ Voe		`.
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 (Month/Day) (Year) Signature(s) and Name(s) of Organizer(s) (Year) Signature (s) and Name(s) of Organizer(s) (Year) 1. 1444 Cascada Lane Number Street (Type or print name and title) (Name if a corporation or other entity) (Name if a corporation or other entity) 3. Signature (Type or print name and title) (Name if a corporation or other entity)		If yes, list names and endresses.	<u> </u>	No.	
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		(Name if a corporation or other entity)	 -	State	ZIP Code

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