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Form **LLC-5.5**
January 1995

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>



LC0430353

This space for use by Secretary of State

FILE DATE 03/18/2005

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 03/18/2005
Assigned File # 0145 937 6
Filing Fee \$500.00
Approved: **PM**

6069-71 MILWAUKEE AVE., LLC

1. Limited Liability Company Name: _____

(The LLC name must contain the words limited liability company or L.L.C. 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.) _____

6069-71 N. MILWAUKEE AVE., CHICAGO, IL 60646 *Cook*

4. Federal Employer Identification Number (F.E.I.N.): _____

5. 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)

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

PAUL A. KOLPAK

Registered agent:

First Name	Middle Initial	Last Name
PAUL	A.	KOLPAK

Registered Office:

(P.O. Box alone and c/o are unacceptable)

Number	Street	Suite #
NILES IL	60714	Cook

City	Zip Code	County
NILES IL	60714	Cook

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.)

ANY AND ALL LAWFUL BUSINESS UNDER WHICH A LLC CAN ACT UNDER THE ILLINOIS LIMITED LIABILITY ACT



0508127043

8. The latest date the company is to dissolve _____
(month, day, year)

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

Doc#: 0508127043
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 03/22/2005 11:12 AM Pg: 1 of 2

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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 managers: Yes No
If yes, list their names and business addresses.

b) Management is retained, in whole or in part, by the members: Yes No
If yes, list their names and addresses.
If no, the company has 2 or more members pursuant to S. 5-1 of the ILLCA.

RADE LETICA
8333 N. WESTERN
NILES, IL 60714

MILAN KANGRA
1522 GEORGE CT., Glenview IL. 60025

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.

March 17, 2005

Dated _____ 19____

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

Business Address(es)

1. Rade Letica
Signature
Rade Letica
(Type or print name and title)

(Name if a corporation or other entity)

2. Milan Kangra
Signature
Milan Kangra
(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. 8333 N. Western
Number Street
Niles
City/Town
IL 60714
State Zip Code

2. 1522 George ct.
Number Street
Glenview
City/Town
IL 60025
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.)