

# UNOFFICIAL COPY

Form **LLC-5.5**

June 2005

**Secretary of State Jesse White**  
Department of Business Services  
Limited Liability Division  
Room 351 Howlett Building  
501 S. Second St.  
Springfield, IL 62756  
www.cyberdriveillinois.com

Payment must be made by certified check,  
cashier's check, Illinois attorney's check,  
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.

Filing Fee: \$500

Approved: *ZB*

FILE # 0166950-8

This space for use by Secretary of State.

**FILED**

NOV 01 2005

**JESSE WHITE  
SECRETARY OF STATE**

1. Limited Liability Company Name: AIRUPS 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. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.) 1312 Castle Drive, Park Ridge, Illinois 60068

3. Articles of Organization effective on: (check one)

the filing date

a later date (not to exceed 60 days after the filing date): \_\_\_\_\_

Month, Day, Year

4. Registered Agent's Name and Registered Office Address.

Registered Agent: DON O. SPAGNOLO

First Name

Middle Initial

Last Name

Registered Office: 2500 W. Higgins Road, Suite 500

(P.O. Box alone or

Number

Street

Suite #

c/o is unacceptable.)

Hoffman Estates, IL 60195

City

ZIP Code

COOK

County

5. Purpose(s) for which the Limited Liability Company is organized: (If more space is needed, attach additional 8 1/2" x 11" sheets.)

"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."



Doc#: 0534249127 Fee: \$26.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 12/08/2005 09:29 AM Pg: 1 of 2

6. Latest date, if any, upon which the company is to dissolve: \_\_\_\_\_

(Leave blank if duration is perpetual.)

Month, Day, Year

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7. (OPTIONAL) Other agreed upon events of dissolution and/or provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional 8 1/2" x 11" sheets.)

8. The Limited Liability Company: (Check either a or b below.)  
a.  is managed by the manager(s) (List names and business addresses.)

Nina Spuria  
1312 Castle Drive  
Park Ridge, Illinois 60068

b.  has management vested in the member(s) (List names and addresses.)

9. 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 October 26, 2005  
Month, Day Year

1. Nino Spuria  
Signature

Nino Spuria, Organizer  
Name and Title (type or print)

\_\_\_\_\_  
Name if a Corporation or other entity

2. \_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Name if a Corporation or other entity

1. \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State ZIP Code

2. \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State ZIP Code

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