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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: *JL*

FILE # 0198-6937

This space for use by Secretary of State.

FILED

OCT - 4 2006

**JESSE WHITE
SECRETARY OF STATE**



Doc#: **0628455039** Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/11/2006 11:20 AM Pg: 1 of 2 .td.

1. Limited Liability Company Name: Schirmang Real Estate, LLC

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain Co., Limited Partnership or L.P.

2. Address of principal place of business where records of the company are maintained (P.O. Box alone or c/o is unacceptable.) 199 Shepard Avenue

Wheeling, Illinois 60069

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 c/o is unacceptable.)

Street

Suite #

Hoffman Estates, IL 60169

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."

6. Latest date, if any, upon which the company is to dissolve: _____
(Leave blank if duration is perpetual.)

Month, Day, Year

2

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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.)

William A. Schirmang
199 Shepard Avenue
Wheeling, Illinois 60090

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 Sept. 27, 2006
Month, Day Year

1. [Signature]
Signature

William A. Schirmang, 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. 199 Shepard Ave.
Number Street

Wheeling
City/Town

IL 60090
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.