

 L24000 325490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2025 JUL 24 PM 9:47
TALLAHASSEE, FLORIDA

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2025 JUL 24 PM 4:13
TALLAHASSEE, FLORIDA



CSC - Albany
 10th Floor 80 State Street
 Albany, NY 12207-2543
 800-833-9848, Ext: x68577
 518-433-4741

To: Department Of State, Division Of Corporations
 From: Jeff Dudwoire
 Ext: x68577
 Date: 07/24/24
 Order #: 1575283-1
 Re: 696 102nd Ave Associates, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: ~~\$0.0~~ - FL State Account Number: 120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

160.00

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 2024 JUL 26 PM 3:11
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 696 102nd Ave Associates, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter T. Wall
Name of Person

Petacque & Wall, LLC
Firm/Company

1535 North Elston Avenue
Address

Chicago, Illinois 60642
City/State and Zip Code

pwall@hrep.com
E-mail address: (to be used for future annual report notification)

2024 JUL 26 PM 5:47

FILED

For further information concerning this matter, please call:

Peter T. Wall 773 486-2570
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

696 102nd Ave Associates, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1535 North Elston Avenue

1535 North Elston Avenue

Chicago, Illinois 60642

Chicago, Illinois 60642

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By

Jeff Dudwoire

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2026 JUL 29 PM 3:47

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