# 125000068997

(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:
<b>3</b>

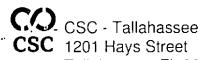
Office Use Only



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2025 FEB 18 MM S: 47





Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 02/18/25 Order #: 1828705-1 Re: Sancap LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

2016 16 16

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 filling, please call our office.

## COVER LETTER

TO:	New Filing Sect Division of Cor						
SUBJI	SANCAP L						
SOBJE	SCT:		of Limited Liab	ility Company	-	_	
The en	closed Articles of	Organization and fe	e(s) are submitte	d for filing.			
		ndence concerning t					
	Michael W. I	_		-			
			Name o	f Person			
	Williams & I	Kite, LLC					
		<u> </u>	Firm/C	ompany		57.	<u> </u>
	1900 S. High	iland Avenue, Ste 19	00				25 FEB 17
			Ado	Iress			
	Lombard, IL	60148				∵₁, ;;;>	£ 3.
	wmodelski@v	uldawhia	City/State a	nd Zip Code		171	
			e used for future	annual report notificat	ion)		
For furth	ner information cor	ncerning this matter.	please call:				
	Wendy Mode	lski	630 at (	873-8500			
	Name	e of Person	Area Code	Daytime Telephon	e Number	_	
Enclos	ed is a check for th	ne following amount	;				
□\$12	5.00 Filing Fee	□\$130.00 Filing Certificate of Star	tus Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□S160.00 Certificat Certified ( (additional c	e of Statt Copy	us &
	New Fi Divisio	g Address lling Section on of Corporations ox 6327		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee		

Tallahassee, FL 32303

Tallahassee, Fl. 32314

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANCAP LLC (Must conatin the words "I	Limited Liability Company, "	L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited I	liability Company is:	
Principal Office Addre	ess:	Mailing Address:	
1121 Warren Ave, Suite 140. Downe 1L 60515	ers Grove 1121 1L 60	Warren Ave, Suite 140, Downers Gro 515	<u>v</u> -
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	s its own Registered Agent, Y egistration.)		2025 FEB
(The Limited Liability Company cannot serve as another business entity with an active Florida re.)  The name and the Florida street address of the re.	s its own Registered Agent, Y egistration.)	ou must designate an individual or	2
(The Limited Liability Company cannot serve as another business entity with an active Florida re.)  The name and the Florida street address of the re.	s its own Registered Agent, Y egistration.) egistered agent are:	ou must designate an individual or	125 FEB 10
(The Limited Liability Company cannot serve as another business entity with an active Florida re.)  The name and the Florida street address of the re.	s its own Registered Agent, Y egistration.) egistered agent are:  Service Company  Name	ou must designate an individual or	TEFEB 10 M
(The Limited Liability Company cannot serve as another business entity with an active Florida re  The name and the Florida street address of the re  Corporation  1201 Hays S	s its own Registered Agent, Y egistration.) egistered agent are:  Service Company  Name	ou must designate an individual or	22FEB 10 (11 9:4)
(The Limited Liability Company cannot serve as another business entity with an active Florida re  The name and the Florida street address of the re  Corporation  1201 Hays S	s its own Registered Agent, Y egistration.) egistered agent are: Service Company Name	ou must designate an individual or	TEFEB 10 M

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

ву\_\_Shauna Godbolt\_

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MCD" - Manager	
"MGR" = Manager	D. L. L. D. W. L. D. D. L. C. L. C. Tree Let 1/Oacher 21
AMBR	Deborah E. Wendell Declaration of Trust dated October 31, 1990
	1121 Warren Ave, Ste 140, Downers Grove, IL 60515
MGR	Steven J. Wendell 1121 Warren Ave, Ste 140, Downers Grove, IL 60515
	That Walter Pay, the 1-40, 120 wheth chore, 17, 000 to
MGR	Deborah E. Wendell 1121 Warren Ave, Ste 140, Downers Grove, IL 60515
(Use attachment if necessary)	r C
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