



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

0151264-1

09/05/2007

ANDREW FLUSCHE
AMERICAN LIFE LEAGUE
PO BOX 1350
STAFFORD, VA 22555

RE: GEMINI OFFICE DEVELOPMENT LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 0724801095.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217) 524-8008

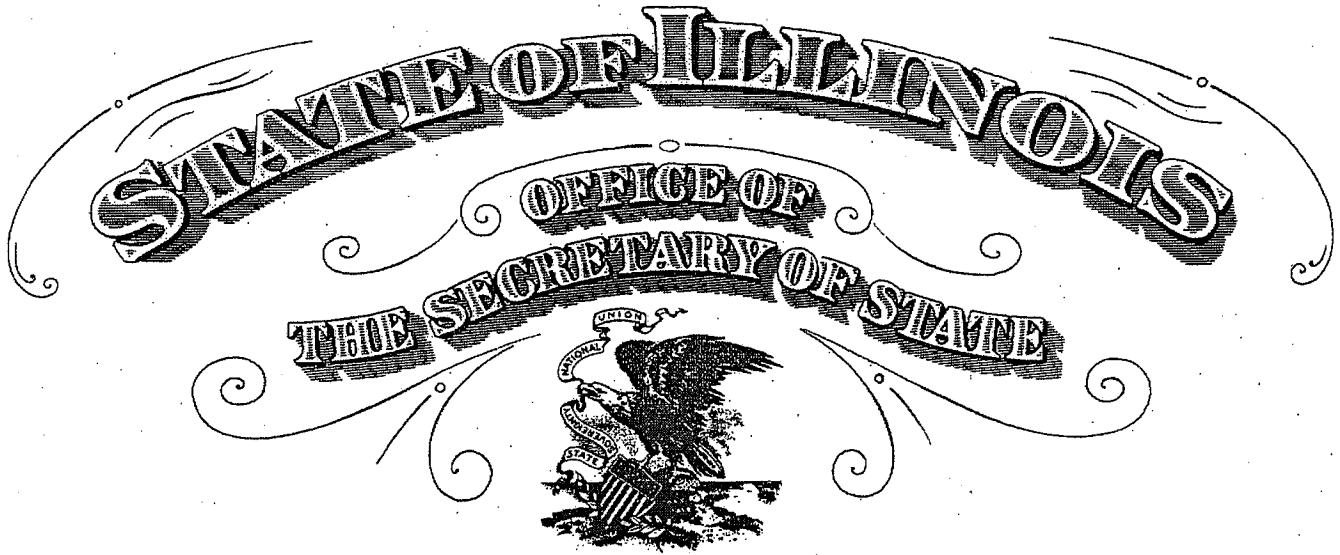
JW:LLC

| | | | |
|------------------------------|--|----------------------------|--------|
| Transaction Result: | | | |
| Date/Time: | Wednesday, September 05, 2007 / 7:15:11 AM PDT | | |
| Merchant ID: | 110817 | | |
| Transaction Type: | CC SALE | Total Amount: | 27.00 |
| Response Type: | A | Response Code: | A01 |
| Response Description: | APPROVED | Authorization Code: | 905051 |
| ATM Verify Result: | | | |
| Trace Number: | 3E12E480-2BC1-4882-AB68-2314D2847156 | | |

| | |
|------------------------|-------------------|
| Payment Info: | |
| Customer Name: | James Sedlak |
| Payment Method: | Credit Card: VISA |
| Last 4 digits: | *****3073 |
| File No.: | 01512641 |

| | |
|-------------------------|-------------------------|
| Contact Info: | |
| Company Name | SOS/BS/LLC ANNUAL/MERGE |
| Street Name | |
| Street Name 2 | |
| City | |
| State | Postal Code |
| Phone Number | Fax Number |
| Customer Service | |

Account Holder/Authorization Signature _____



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 4 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR GEMINI OFFICE DEVELOPMENT LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of SEPTEMBER A.D. 2007

Jesse White

Form **LLC-5.5**
December 2003

Illinois
Limited Liability Company Act
Articles of Organization

This space for use by
Secretary of State

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 351, Howlett Building
Springfield, IL 62756
http://www.cyberdriveillinois.com



LC0557670

This space for use by Secretary of State

Date 05/13/05
Assigned File # 0151264-1
Filing Fee \$500.00
Approved: JL

FILED

MAY 13 2005

JESSE WHITE
SECRETARY OF STATE

PAID

1. Limited Liability Company Name: Gemini Office Development LLC

MAY 13 2005

(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. The address of its principal place of business: (Post office box alone and c/o are unacceptable.)

One South Wacker Drive, Suite 800, Chicago, Illinois 60606

3. 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)

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

| | | | |
|--|--|-----------------------|------------------|
| Registered agent: | <u>Kathleen</u> | <u>M.</u> | <u>Howard</u> |
| | <i>First Name</i> | <i>Middle Initial</i> | <i>Last Name</i> |
| Registered Office: (P.O. Box and c/o are unacceptable) | <u>225 West Wacker Drive, Suite 2800</u> | | |
| | <i>Number</i> | <i>Street</i> | <i>Suite #</i> |
| | <u>Chicago</u> | <u>60606</u> | <u>Cook</u> |
| | <i>City</i> | <i>ZIP Code</i> | <i>County</i> |

5. Purpose or purposes for which the LLC is organized: Include the business code # (IRS Form 1065).
(If not sufficient space to cover this point, add one or more sheets of this size.)

"The transaction of any or all lawful business for which limited liability companies may be organized under this Act."

IRS Business Code # 531390

6. The latest date, if any, upon which the company is to dissolve perpetual
(month, day, year)

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

05/12/2005
0157-2641

LLC-5.5

8. Other provisions for the regulation of the internal affairs of the LLC per Section 5-5 (a) (8) included as attachment:
If yes, state the provisions(s) from the ILLCA. Yes No

9. a) Management is by manager(s): Yes No
If yes, list names and business addresses.

Gemini Office Management LLC
One South Wacker Drive, Suite 800
Chicago, IL 60606

0157
2633

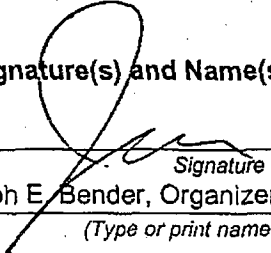
b) Management is vested in the member(s): Yes No
If yes, list names and addresses.

10. 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 May 12, 2005
(Month/Day) (Year)

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

Business Address(es)

1. 
Signature
Joseph E. Bender, Organizer
(Type or print name and title)

(Name if a corporation or other entity)

2. _____
Signature

(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. 225 West Wacker Drive, Suite 2800
Number Street
Chicago
City/Town
IL 60606
State ZIP Code

2. _____
Number Street

City/Town

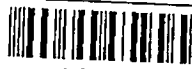
State ZIP Code

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.)



LC0794052

Form **LLC-1.36/1.37** July 2005

Illinois
Limited Liability Company Act
Statement of Change of Registered Agent
and/or Registered Office

FILE # 015/264-1
This space for use by Secretary of State.

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

SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State.

Filing Fee: \$25

Approved: JW

FILED

APR 27 2006

JESSE WHITE
SECRETARY OF STATE

PAID

APR 28 2006

- Limited Liability Company Name: Gemini Office Development LLC
- Name and Address of Registered Agent and Registered Office as they appear on the records of the Office of the Secretary of State (before change):

Registered Agent Kathleen M. Howard
 First Name Middle Name Last Name

Registered Office 225 W. Wacker Dr., Suite 2800
 Number Street Suite No. (P.O. Box alone is unacceptable)

Chicago, IL 60606 Cook
 City ZIP Code County

- Name and Address of Registered Agent and Registered Office shall be (after all changes herein reported):

Registered Agent Kathleen M. Howard
 First Name Middle Name Last Name

Registered Office 131 S. Dearborn Street, Suite 1700
 Number Street Suite No. (P.O. Box alone is unacceptable)

Chicago, IL 60603 Cook
 City ZIP Code County

- The address of the registered office and the address of the business office of the registered agent, as changed, will be identical.
- The above change was authorized by: (check one box only)
 - resolution duly adopted by the members or managers. (See Note 4.)
 - action of the registered agent. (See Note 5.)

SEE REVERSE FOR SIGNATURE(S).

01512641
4.27.2006

6. **If the change to the registered agent or registered office is authorized by the members or managers, sign here. (See Note 4 below.)**

The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this statement to change the registered agent or address is to the best of my knowledge and belief, true, correct and complete.

Dated _____, _____, _____
Month/Day Year

Signature (Must comply with Section 5-45 of ILLCA.)

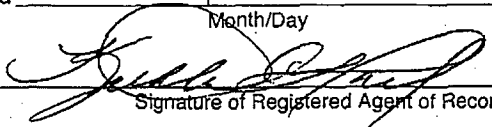
Name and Title (type or print)

If the member or manager signing this document is a company or other entity, state name of company and indicate whether it is a member or manager of the Limited Liability Company.

If change of registered office by registered agent, sign here. (See Note 5 below.)

The undersigned, under penalties of perjury, affirms that the facts stated herein are true, correct and complete.

Dated _____, _____, _____
April 24 2006
Month/Day Year



Signature of Registered Agent of Record

Kathleen M. Howard
Name (type or print)

If registered agent is a corporation,
name and title of officer who is signing on its behalf.

NOTES

1. The registered office may, but need not be, the same as the principal office of the Limited Liability Company; however, the registered office and the office address of the registered agent must be the same.
2. The registered office must include a street or road address (P.O. Box alone is unacceptable).
3. A Limited Liability Company cannot act as its own registered agent.
4. Any change of registered agent or registered address effected by the Limited Liability Company must be by resolution adopted by the members or managers.
5. The registered agent may report a change of the registered office of the Limited Liability Company for which he/she is a registered agent. When the agent reports such a change, this statement must be signed by the registered agent. If a corporation is acting as the registered agent, a duly authorized officer of such corporation must sign this statement.