

L04000030451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

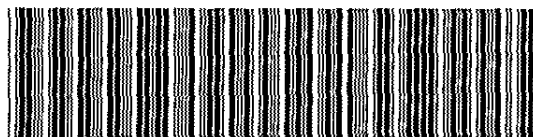
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04 APR 21 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 APR 21 AM 10:48

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 580219 5054109

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 APR 21 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 20, 2004

ORDER TIME : 9:37 AM

ORDER NO. : 580219-005

CUSTOMER NO: 5054109

CUSTOMER: Ms. Anna Kamps
Dykema Gossett Pllc

Suite 700
300 Ottawa, N.w.
Grand Rapids, MI 49503-2308

DOMESTIC FILING

NAME: PARMAC PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ParMac Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

3547 Alpine Avenue, N.W.

PO Box 188

Grand Rapids, Michigan 49544-1635

Mailing Address:

3547 Alpine Avenue, N.W.

PO Box 188

Grand Rapids, Michigan 49544-1635

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

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

Robert E. Parent

Name

2918 Island Sound Circle, Unit 305

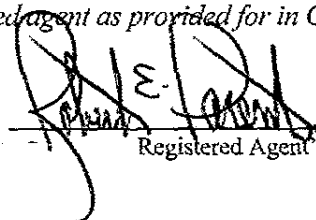
Florida street address (P.O. Box **NOT** acceptable)

Estero

FLORIDA 33928

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Robert P. Parent

374 Dakota Drive, N.W.

Grand Rapids, Michigan 49544

MGRM

Melanie J. MacDonald

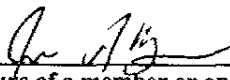
374 Dakota Drive, N.W.

Grand Rapids, Michigan 49544

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jenni K. Bakhuizen
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)