110000130057

| (Re | equestor's Name) | | | |
|---|--------------------|-------------------|--|--|
| (Ad | ldress) | | | |
| | | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | A. | LUNT | | |
| | DE | IC 21 2010 | | |
| | EX/ | MINER | | |

Office Use Only



800188790178

12/28/18--01014--019 **125.80

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| | Conversions and with the words "Limited Liab | LLC bility Company, "L.L.C.," or "LLC.") | | |
|--|---|--|--|---------|
| ARTICLE II - Addr The mailing address a | | principal office of the Limited | Liability Compa | any is: |
| Principal Office Add | lress: | Mailing Address: | | |
| ARTICLE III - Reg (The Limited Liability Compusiness entity with an acti | oany cannot serve as its own Reg ve Florida registration.) | 5129 Caste// Suite 3 Naples F/3 ed Office, & Registered Agent gistered Agent. You must designate an in | nt's Signature: | ्रा |
| The name and the Flo | Florida street a Naple | <i>,</i> | 20 PM 3: 15 AWY OF STATE SSEE. FLORID: | |

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

| Title: "MGR" = Manager | Name and Address: | ZINDEC 20 ZINDEC 20 ZELAHASS |
|--|--|-------------------------------------|
| "MGRM" = Managing Member MGRM | Brian Henders 20470 Oneida Clinton Tup MI | C 20 PH 3: 15 |
| | | |
| (Lice attachment if necessary) | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | e date of filing: <u>/2-/4-/0</u> be specific and cannot be more than | (OPTIONAL) five business days prior |

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

an Henderson
Typed or printed name of signee

Filing Fees:

\$125.09 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|---|
| SUBJECT: | een Conversion | | |
| The enclosed Articles of | Organization and fee(s) are sub- | mitted for filing. | 201 0 O |
| Please return all corresp | ondence concerning this matter to | o the following: | |
| | Brian Henry | derson me of Person | 2010 DEC 20 PM 3: 1 |
| | Nai | me of Person | FL S |
| | Datam | | |
| | Fir | m/Company | |
| | 1150 Stephenson | Adves | |
| | Troy MI | 48083 | |
| bru | City/Standers on a day E-mail address: (to be used for fi | ate and Zip Code tammanufacturu uture annual report notification) | ng.com |
| For further information | concerning this matter, please cal | ll: | |
| Brian Henry | Xerson at | (<u>J48</u>) <u>585-9</u> Area Code & Daytime Tele | cphone Number |
| Enclosed is a check for | or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |