Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

1604 Continuum, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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T DOMAIN

ARTI	CLESOF ORGANIZATION	NFOR FLORIDALIA	MITTED LIABILITY COMPAN	v Fig. 3
ARTICLE I - Name: The name of the Limited	Liability Company is:			900
1604 Continuum, LLC				
(M	ust end with the words "I	Limited Liability Co	ompany, "L.L.C.," or "LLC."	) 70
ARTICLE II - Address The mailing address and	•	cipal office of the L	Limited Liability Company is	FLORIUM
Principal Office Addre	II;	Mailing	Address	ŕ
1125 Country Club Ro Ann Arbor, Mi 48105		_	ountry Club Road or, MI 48105	
The Limited Liability C	ered Agent, Registered ( Company cannot serve as i with an active Florida reg	its own Registered	ed Agent's Signature: Agent. You must designate a	n individual or
The name and the Floric	a street address of the reg	gistered agent are:		
	CT Corporation System	n Name		
	1200 S. Pine Island Ro Florids street address (P	pad	ptable)	
	Plantation	FL 33	324	
•	City		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 603, F.S..

Kristin Bolden

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member  MGR" = Manager  MGR
1125 Country Club Road Ann Arbor, MI 48105  Shadan Mirefzeli 1125 Country Club Road Ann Arbor, MI 48105  Use attachment if necessary)  V: Effective date, if other than the date of filing:
Ann Arbor, MI 48105  Shadan Mirafzali 1125 Country Club Road Ann Arbor, MI 48105  Use attachment if necessary)  V: Effective date, if other than the date of filing:
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V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.)
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EQUIRED SIGNATURE:  Kentles How
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of periury that the facts stated herein are true.
(In accordance with section 605.0203 (1) (b), 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.)
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