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## COVER LETTER

	legistration Section Division of Corporations	
SURJECT	Cottage Down South II, LLC	
SOBJECT	Name of L	imited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	urn all correspondence concerning this r	natter to the following:
	Ann Cotter	
		Name of Person
	<del></del>	Firm/Company
	29755 Beck Road	
		Address
	Wixom, MI 48393	
	ann.cotter@promotion.tech	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For further i	information concerning this matter, plea	ase call:
		248 668-3100
		Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
The hanc of the Elimica Blabinity Company is.
Cottage Down South II, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
29755 Beck Road
Wixom, MI 48393
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Lynn Matson
Name
993 8th Street South, Unit 2, Villas DiMarino I

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..

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

FL

State

Naples

City

Registered Agent's Signature (REQUIRED)

34102

Zip

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

1

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Lynn Matson
	29755 Beck Road
	Wixom, MI 48393
MGR	Ann Cotter
MOIN	29755 Beck Road
	Wixom, MI 48393
	Wixoni, WI 40373
(Use attachment if necessary)	•
(SSC undermient it incossury)	
LEV: Effective date, if other than the dat	te of filing: (OPTIONAL)
ffective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days afte
of filing.)	
If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed
ument's effective date on the Departmen	t of State's records.
LE VI: Other provisions, if any.	

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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

Lynn Matson

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)