L17000225682

Office Use Only



500304852915

500304852915 10/31/17-01023-008 + 125.00

(R

COVER LETTER

	ew Filing Section ivision of Corporations			
SUBJECT	Groveland Dealer, LLC			
SUBJECT		e of Limited Liabi	lity Company	-
The enclos	ed Articles of Organization and fo	ee(s) are submitted	l for filing.	
Please retu	rn all correspondence concerning	, this matter to the	following:	
	VALERIE BANAS, PARALEC	GAL		
		Name of	Person	
	HONIGMAN MILLER SCHW	ARTZ AND COE	IN LLP	
		Firm/Co	ompany	
	660 WOODWARD AVENUE.	SUITE 2290		
		Add	ress	
	DETROIT, MI 48226			
	STATENOTICES@VCORPSER	City/State ar	nd Zip Code	<u> </u>
-			annual report notification)	00/00
For further in	nformation concerning this matter	r. please call:		
	VALERIE BANAS	313	465-7226	
	Name of Person	Area Code	Daytime Telephone Number	- 4.7.33 4.7.33
Enclosed is	s a check for the following amour	nt:		
\$125.00 Fi	iling Fee S130.00 Filing Fe Certificate of Sta	atus LLCertif	ied Copy Certifica nal copy is enclosed) Certified	Filing Fee. te of Status & Copy copy is enclosed)
	Mailing Address Naw Ellion Spotion		Street Address Naw Eiling Specion	
	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

Groveland Deale	·		
(Must con	tain the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street :	address of the principal off	ice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
6400 Telegraph Ro	6400 Telegraph Road, Suite 2000		Telegraph Road, Suite 2000
Bloomfield Township, MI 48301			
Bloomfield Townsh RTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration	Registered Ager Registered Agent.	omfield Township, MI 48301 nt's Signature: You must designate an individua
Bloomfield Townsh RTICLE III - Registered Ag The Limited Liability Compan	gent, Registered Office, & y cannot serve as its own R active l'Iorida registration t address of the registered a	Registered Ager Registered Agent.	nt's Signature:
Bloomfield Townsh RTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, & ey cannot serve as its own R active Florida registration t address of the registered a	Registered Ager Registered Agent.	nt's Signature:
Bloomfield Townsh RTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, & y cannot serve as its own R active Florida registration t address of the registered a Vcorp Services, LLC	Registered Agent. (Agent. (Age	
Bloomfield Townsh RTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, & ey cannot serve as its own R active Florida registration t address of the registered a	Registered Ager Registered Agent. (.) agent arc: Name	nt's S ignature: You must designate an individual
Bloomfield Townsh RTICLE III - Registered Ag The Limited Liability Companiother business entity with an	gent, Registered Office, & sy cannot serve as its own R active Florida registration t address of the registered a Veorp Services, LLC	Registered Ager Registered Agent. (.) agent arc: Name	nt's Signature: You must designate an individual

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	
(Use attachment if necessary)	
TLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the	g:
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State	applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the	applicable statutory filing requirements, this date will not be liss records.
TLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be liss records.
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any, mited Liability Company will be managed by one	applicable statutory filing requirements, this date will not be liss records.
TLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State CLE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not be list is records. or more managers.
TLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any, mited Liability Company will be managed by one recovered to the company will be managed by one approach to the company will be managed by one approach.	applicable statutory filing requirements, this date will not be list is records. or more managers.
CLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the nument's effective date on the Department of State of ELE VI: Other provisions, if any, mited Liability Company will be managed by one of the Signature of a member of This document is executed in act I am aware that any false inform	applicable statutory filing requirements, this date will not be list is records. or more managers.
CLE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific and e of filing.) If the date inserted in this block does not meet the eument's effective date on the Department of State of the CLE VI: Other provisions, if any, mited Liability Company will be managed by one of this document is executed in act am aware that any false inform constitutes a third degree felony valerie E	applicable statutory filing requirements, this date will not be list is records. or more managers. or an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, lation submitted in a document to the Department of State

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)