

8/2/2021

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L21000349043

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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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 21 AUG -2 PM 12: 43
 ALAMASSSEE, FLORIDA

****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.
 2122 Marine LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 AUG -2 PM 12: 11

Electronic Filing Menu Corporate Filing Menu Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2122 Marine L.L.C.

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.I.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

31200 Northwestern Highway
Farmington Hills, Michigan 48334

31200 Northwestern Highway
Farmington Hills, Michigan 48334

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:

C T Corporation System
N/A
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation Florida 33324
City State Zip

SECRET
21 AUG -2 PM 12:43
TALLAHASSEE, FLORIDA

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 ~~his~~ 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, FS

C T Corporation System
By: Stephanie Hencz Stephanie Hencz
Registered Agent's Signature (REQUIRED) Assistant Secretary

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>Manager</u>	<u>Ross H. Partrich</u>
_____	<u>31200 Northwestern Highway</u>
_____	<u>Farmington Hills, Michigan 48334</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

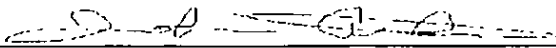
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE 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 constitutes a third degree felony as provided for in s.817.155, F.S.

John Athanas, Authorized Representative

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)

21 AUG - 2 PM 12:43
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA