

City/State/Z	Address Cip Phone #	800003258008——8 -05/18/00—01052—022 ****125.00 ****125.00 Office Use Only
CORPORATION N	NAME(S) & DOCUMENT NUM	l /IBER(S), (if known):
		ocument #)
2. (Corpo	oration Name) (D	ocument #)
3(Corpo	oration Name) (D	ocument #)
4		ocument #)
<u></u>	Pick up time Will wait Photocopy AMENDMENTS	
Profit	Amendment	1/15/25
NonProfit	Resignation of R.A., Officer/ Dire	SECRETARY OF ALLIAN
Limited Liability	Change of Registered Agent	AR AY TO
Domestication	Dissolution/Withdrawal	SSE 80 E
Other	Merger	
OTHER FILINGS Annual Report	REGISTRATION/ QUALIFICATION	AM 8: 30 EFLORIDA
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	en e
	Trademark	
	Other	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 18, 2000

CT SYSTEM ATTN: CAROL CLARK

SUBJECT: GEORGIAN L.P., LLC Ref. Number: W00000012998



We have received your document for GEORGIAN L.P., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because it is considered to refer to a limited partnership, the LLC's name cannot contain "L.P."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 500A00028360

Please to May backdate to May the 18th of May

Asst. Vice President

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Georgian Investors, LLC

ARTICLE II - Address:

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

4230 Orchard Lake Road, Orchard Lake, Michigan 48323

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

C T Corporation System Name c/o CT Corporation System, 1200 South Pinc Island Road Florida street address (P.O. Box NOT acceptable) FL 33324 City, State, and 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 608, F.S..

> C T Corporation System Registered Agent's Signature MARC A.

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member. Matthew B. Lester

(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.)

Matthew B. Lester

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$.25.00 Designation of Registered Agent

30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)