

LAW OFFICES
HONIGMAN MILLER SCHWARTZ AND COHN LLP

2290 FIRST NATIONAL BUILDING
660 WOODWARD AVENUE
DETROIT, MICHIGAN 48226-3583
FAX (313) 465-8000

JANIS K. KUJAN
TELEPHONE: (313) 465-7250
FAX: (313) 465-7251
E-MAIL: jkk@honigman.com

LANSING, MICHIGAN

L01000000515

January 5, 2001

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Seminole Employees Associates LLC

200003528462--7
-01/08/01--01126--008
****160.00 ****160.00

Dear Sir/Madam:

Enclosed for filing with your office you will find Articles of Organization for Florida Limited Liability Company, together with our check in the amount of \$160.00 representing the following fees:

| | |
|---------------------------------|-----------------|
| Filing Fee | \$100.00 |
| Designation of Registered Agent | 25.00 |
| Certified Copy | 30.00 |
| Certificate of Status | 5.00 |
| | <u>\$160.00</u> |

Upon filing, please return a certified copy and good standing certificate to me in the enclosed Federal Express return envelope.

Thank you for your assistance in this matter.

Very truly yours,

Janis K. Kujan
Janis K. Kujan
Legal Assistant

FILED
01 JAN -8 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JKK:cxw

cc: Gregory J. DeMars, Esq. (w/encl.)

SL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEMINOLE EMPLOYEES ASSOCIATES LLC

ARTICLE II - Address:

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

33 N. Garden Avenue, Suite 1200, Clearwater, FL 33755

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

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

| |
|---|
| Robert J. Banks |
| _____ Name |
| 33 N. Garden Avenue, Suite 1200 |
| _____ Florida street address (P.O. Box NOT acceptable) |
| Clearwater FL 33755 |
| _____ 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.

x Robert J. Banks

Registered Agent's Signature

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)

x Robert J. Banks

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

(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.)

Robert J. Banks, Trustee of the Robert J. Banks Revocable

Typed or printed name of signee

Trust under Agreement dated 6-19-91

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA