

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L01000021969**

(1) 6204 14th St. W., LLC

(2) 420 N. Main St., LLC

(3) 12015 Little Rd., LLC

(4) 1111 Tamiami Tr., LLC

(5) 2390 Belcher Rd., LLC

(6) 2480 Tamiami Tr., LLC

700004730597--7  
12/18/01 84845-016  
\*\*\*\*125.00 \*\*\*\*125.00

RECEIVED  
01 DEC 18 PM 1:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger       |
| <input type="checkbox"/> Nonprofit                      |   |                                       |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark         |
|   | <input type="checkbox"/> Reinstatement          |                                       |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other        |
| <input checked="" type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA |
|   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC          |
| <input type="checkbox"/> Certified Copy                 | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS          |

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out           |  |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/18/01

Order#: 4994260

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

01 DEC 18 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**JB**  
**12-18-01**

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

2390 Belcher Rd., LLC

### ARTICLE II - Address:

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

One Towne Square, Suite 1913, Southfield, MI 48076

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

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

<u>CT Corporation System</u>	
Name	
<u>c/o CT Corporation System, 1200 South Pine Island Road</u>	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
<u>Plantation</u>	<u>FL 33324</u>
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..*

CT Corporation System  
*Claudia L. Saari*

Registered Agent's Signature

Claudia L. Saari  
Asst. Secretary

### 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.

Irving R. Seligman  
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.)

Irving R. Seligman as Trustee of the  
Irving R. Seligman RLT dtd 12/15/89

Typed or printed name of signer

### 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)

01 DEC 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
FILE