

L03000040520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

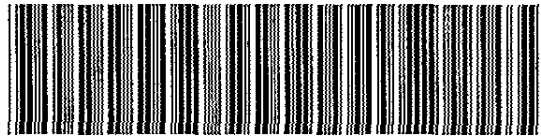
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TALLAHASSEE, FLORIDA

J. BRYAN OCT 23 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caddis Holdings, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward Malinzak

(Name of Person)

Doyle, Malinzak & Stone, P.C.

(Firm/Company)

The Steepleview Bldg., 429 Turner NW

(Address)

Grand Rapids, Michigan 49504

(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Malinzak

(Name of Person)

at (616) 454-5443
(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:
Caddis Holdings, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

8733 Old Hickory, Unit 8110
Sarasota, Florida 34238

Mailing Address:

8733 Old Hickory, Unit 8110
Sarasota, Florida 34238

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

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

Gerald H. Holwerda

Name

8733 Old Hickory, Unit 8110

Florida street address (P.O. Box **NOT** acceptable)

Sarasota FL 34238

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 

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Gerald H. Holwerda

8733 Old Hickory, Unit 8110

Sarasota, Florida 34238

MGRM

Nancy Holwerda

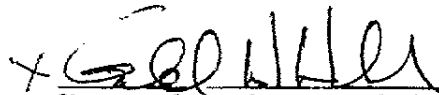
8733 Old Hickory, Unit 8110

Sarasota, Florida 34238

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

GERALD H. HOLWERDA

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)

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ALABAMA SECRETARY OF STATE