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2004 JUL 22 P 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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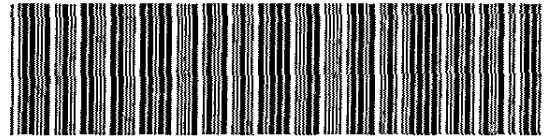
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haddad Holdings Beta, LLC
(Name of Limited Liability Company)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Charles Haddad
(Name of Person)

(Firm/Company)

PO Box 721124
(Address)

Berkley, MI 48072
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Haddad at (248) 723-5502 Home
(Name of Person) (Area Code & Daytime Telephone Number)

248-647-1400 Work 9-4:30

248-723-5502 Cell

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Haddad Holdings Beta, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II - Address:**

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

Principal Office Address:Charles Haddad
265 South Cranbrook Cross
Bloomfield Hills, MI 48301**Mailing Address:**Charles Haddad
PO Box 721124
Berkley, MI 48072**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Deborah Rosso
Name3255 Packard Ave.
Florida street address (P.O. Box NOT acceptable)St. Cloud FLORIDA 34772
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, Florida Statutes..

Deborah Rosso
Registered Agent's Signature

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Charles Haddad
P.O. Box 721124
Berkley, MI 48072

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Charles Haddad

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.)

Charles Haddad

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)