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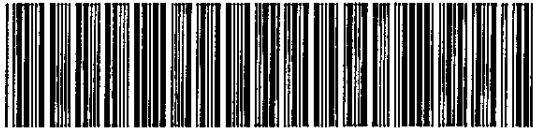
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C. THOMAS TOPPIN AND ASSOCIATES, P.C.

A PROFESSIONAL CORPORATION

ATTORNEYS AND COUNSELORS
322 NORTH OLD WOODWARD AVENUE
BIRMINGHAM, MICHIGAN 48009

TELEPHONE:
(248) 647-0830

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C. THOMAS TOPPIN

LEGAL ASSISTANT:
JOANN D. BESTE

July 27, 2004

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


RE: SAS Realty, L.L.C.

Dear Sir/Madam:

Enclosed for filing are the Articles of Organization for Florida Limited Liability Company for the above, together with a check in the amount of \$125 for the filing fees.

Please contact the undersigned with any questions.

Very truly yours,


Joann D. Beste

2004 JUL 29 AM 10:39

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAS Realty, 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:

Shirley A. Smith
(Name of Person)

SAS Realty, L.L.C.
(Firm/Company)

5546 Mandale Drive
(Address)

Troy, MI 48098
(City/State and Zip Code)

For further information concerning this matter, please call:

C. Thomas Toppin at (248) 647-0930
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAS Realty, 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:

10285 Bismark Palm Way, Unit 1045

Fort Myers, FL 33912

Mailing Address:

5546 Mandale Drive

Troy, MI 48098

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

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

Shirley A. Smith

Name

10285 Bismark Palm Way, Unit 1045

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

Fort Myers, FLORIDA 33912

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..

Shirley A. Smith
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Shirley A. Smith

5546 Mandale Drive

Troy, MI 48098

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Shirley A. Smith
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.)

Shirley A. Smith

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)