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DIVISION OF CORPORATIONS  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEARBORN INVESTMENT GROUP, LLC  
(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:

MICHAEL J. CHRISTOFF  
(Name of Person)

DEARBORN INVESTMENT GROUP, LLC  
(Firm/Company)

8335 WHISPER TRACE WAY, UNIT G102  
(Address)

NAPLES, FL 34114  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. CHRISTOFF at (239) 530-7034  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

**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:

DEARBORN INVESTMENT GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8335 WHISPER TRACE WAY

UNIT G102

NAPLES, FL 34114

**Mailing Address:**

8335 WHISPER TRACE WAY

UNIT G102

NAPLES, FL 34114

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

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

MICHAEL J. CHRISTOFF

Name

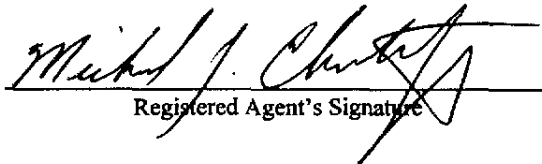
8335 WHISPER TRACE WAY, UNIT G102

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

NAPLES FLORIDA 34114

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..*



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

MICHAEL J. CHRISTOFF  
8335 WHISPER TRACE WAY UNIT G102  
NAPLES, FL 34114

MGRM

ROBERT POPOFF  
146 GREENBRIER ST.  
MARCO ISLAND, FL 34145

MGRM

FRANK GATOR  
18504 BLUE SKIES CT.  
LIVONIA, MI 48152

MGRM

JOHN GATOR  
3837 BRIAR PATCH LN.  
GALESBURG, MI 49053

(Use attachment if necessary)

→ SEE ATTACHED

**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 608.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL J. CHRISTOFF  
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)

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

(CONT)

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOHN L. GROSS

9265 APPLE CREST DR.

SALINE, MI 48176

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or authorized representative of a member

~~(In accordance with section 606.106(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)~~

Signature of authorized representative

Filing Fees:

~~\$200.00 Filing Fee for Articles of Organization~~

~~\$25.00 Designation of Registered Agent~~

~~\$30.00 Certified Copy (Optional)~~

~~\$20.00 Certificate of Status (Optional)~~

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