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TOLLEY VANDENBOSCH KOROLEWICZ & BRENGLE P.L.C.

ATTORNEYS

1700 East Beltline Avenue, N.E., #200 Grand Rapids, MI 49525-7044 Telephone: (616) 447-1800 Facsimile: (616) 447-1881 Peter R. Tolley Lynwood P. VandenBosch Lawrence Korolewicz William A. Brengle James B. Doezema *Richard J. Durden Robert C. Greene Scott H. Hogan Susan Jasper Stein Mark J. Colon

> Of Counsel: James B. Frakie

*Also Admitted in Illinois

November 16, 2004

via Federal Express priority service

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: ABLEZ, L.L.C.

Dear Sir/Madam:

I am enclosing the original and one copy of the Transmittal Letter and Articles of Organization for ABLEZ, L.L.C. I am also enclosing our check in the amount of One Hundred Twenty Five dollars (\$125.00) in payment of the filing fee.

If you have any questions, please do not hesitate to contact me.

Sincerely,

TOLLEY VANDENBOSCH KOROLEWICZ & BRENGLE, P.L.C.

Lynwood P. VandenBosch

LPV/bjp

cc: Brian Schlake

TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: ABLEZ, L.L.C.		
	nited Liability Company)	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Lynwood P. VandenBosch		
	(Name of Person)	-
Tolley VandenBosch Korolewicz & Brengle,	P.L.C.	
	(Firm/Company)	
1700 East Beltline NE, Suite 200	(Address)	
	(/ radicss)	
Grand Rapids, MI 49525		
	City/State and Zip Code)	
For further information concerning this matter, ple	ase call:	
Lynwood P. VandenBosch	at (616) 447-1800	* \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		amp in a
■ \$125.00 Filing Fee	& \$\Bigcup \$155.00 \text{ Filing Fee & Certified Copy} (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section	MAILING A Registration S	
Division of Corporations 409 E. Gaines Street	Division of C P.O. Box 632	orporations
Tallahassee, Florida 32399	Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
ABLEZ, L.L.C.				
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited	Liability	y Comp	any is:
Principal Office Address:	Mailing Address:			•
2019 SW 20th St., Suite 200	2019 SW 20th St., Suite 200			
Fort Lauderdale, FL 33315	Fort Lauderdale, FL 33315			
The name and the Florida street address of Christian Smith 2019 SW 20th St., Suite	Name			
Florida street address (P.O. Box NOT acceptable)		~		
Fort Lauderdale FL 33315			è .	:
City,	State, and Zip			
Having been named as registered agent of liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the proper and compact the obligations of the proper and compact	ted in this certificate, I hereby accept apacity. I further agree to comply w vlete performance of my duties, and I	t the app ith the p am fami	ointmer rovisior iliar wit	nt as ns of all h and

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address: Member
MGRM	Brian Schlake
	667 Myrtle Ave.
	Holland, MI 49423
<u> </u>	
(Use attachment if neces	sary)
NOTE: An additional	article must be added if an effective date is requested.
REQUIRED SIGNATI	JRE:
	DANIEL
Signatu	re of a member or an authorized representative of a member.
of this	ordance with section 608.408(3), Florida Statutes, the execution of locument constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
Lynwo	ood P. VandenBosch, authorized representative
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)