

LO5000004515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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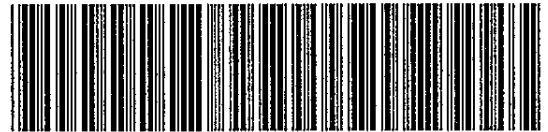
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO 01/14/05

EFFECTIVE DATE
01/01/05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haddad Holdings Delta, 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:

Charles M. Haddad
(Name of Person)

(Firm/Company)

P.O. Box 721124
(Address)

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

For further information concerning this matter, please call:

Charles M. Haddad at (248) 647-1400 work
(Name of Person) (Area Code & Daytime Telephone Number)
248-703-3942 Cell

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Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 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
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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



23-2004 09:16A FROM:
JAN 22 2004 9:24PM

OPPENHEIMER

TO: 12486477752
NO 442

P: 1/2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Haddad Holdings Delta, LLC

ARTICLE II - Address:

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

Principal Office Address:

265 South Crabbrook Circle
Bloomfield Hills, MI 48301

Mailing Address:

P.O. Box 721124
Beckley, MI 48072

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

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

Debbie Rasso
Name

3255 Packard Avenue
Florida street address (P.O. Box **NOT** acceptable)

Saint Cloud FL 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, F.S.

[Signature]
Registered Agent's Signature

(CONTINUED)

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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

Charles M. Haddad

P.O. Box 721124

Berkley, MI 48072

MGR

Debbie and George Rocco

3255 Packard Avenue

Saint Cloud, FL 34772

(Use attachment if necessary)

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

* *Please make the effective date 1/1/2005.*

REQUIRED SIGNATURE:

Charles M. 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 M. Haddad

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)

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