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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: DAKOTA HOLDING, I	LLC	
	d Liability Company)	
The enclosed Articles of Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Amy L. Glenn		
(1	Name of Person)	····
Butzel Long		
(Firm/Company)	
100 Bloomfield Hills Park	wav. Suite 200	
	(Address)	
Bloomfield Hills, Michiga	an 48304	
	'State and Zip Code)	
For further information concerning this matter, please	call:	
Peggy Murray	at 248 258-26	208
(Name of Person)	at (
Enclosed is a check for the following amount:		OS NI
■ \$125.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Staffis & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection porations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	\mathbf{E} 1	[_ `	Nai	me:

The name of the Limited Liability Company is:

DAKOTA HOLDING, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Chieeca Lodge and Spa, Unit 721

Mile Marker 82

Islamorada, Florida 33036

5593 St. Andrew Circle Clarkston, Michigan 48348

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

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

Mark Toth

c/o Chieeca Lodge and Spa, Unit 721

Mile Marker 82

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

Islamorada, 53036

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.

Registered Agent's Signature

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
	n/a
(Use attachment if necessary)	

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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Toth, Trustee of the Mark Toth Living Trust

Typed or printed name of signee
Under Trust Agreement dated April 14, 2003

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)

05 MAR - | PM 3: U2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA