

04/07/2005 14:06

18502229428

CT CORPORATION SYSTEM

PAGE 01/03

Division of Corporations

Page 1 of 1

FILED

Florida Department of State  
Division of Corporations  
Public Access System

2005 APR -7 A 10: 31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000085524 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

**LIMITED LIABILITY COMPANY**

**Keys For Me II, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
05 APR -7 PM 3: 14  
DIVISION OF CORPORATION

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

**FILED**2005 APR -7 A 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Keys For Me (3) 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:**1198 Edgehill Road  
W. Palm Beach, FL 33417**Mailing Address:**17600 W. 12 Mile Road  
Southfield, MI 48076**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Terry Eikenberg

Name

1198 Edgehill RoadFlorida street address (P.O. Box NOT acceptable)West Palm Beach, FL 33417

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)

Page 1 of 2

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

2005 APR -7 A 10:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

<u>MGRM</u>	<u>Raymond A. Fortson, Jr.</u>
	<u>17600 W. 12 Mile Road</u>
	<u>Southfield, MI 48076</u>

(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 603.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Raymond A. Fortson, Jr.

Typed or printed name of signer

**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)