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2005 MAY -6 P 2:33

SECRETARY
TREASURER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

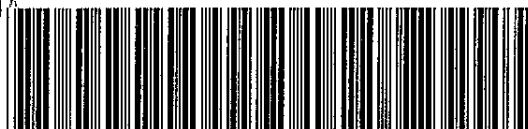
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TRANSMITTAL LETTER

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2005 MAY -6 P 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: ALLIANCE LENDERS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher C. Maeso
Dickinson Wright PLLC
38525 Woodward Avenue
Suite 2000
Bloomfield Hills, MI 48304

For further information concerning this matter, please call:

Christopher C. Maeso at 248-433-7501.

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**

FILED

MAY -6 P 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME:

The name of the Limited Liability Company is:

ALLIANCE LENDERS, LLC

ARTICLE II – ADDRESS:

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

Principal Office Address:

121 W. Long Lake Road, 3rd Floor
Bloomfield Hills, MI 48304

Mailing Address:

121 W. Long Lake Road, 3rd Floor
Bloomfield Hills, MI 48304

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

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

William Pecora

Name

9801 Bay Island Drive

Tampa, Florida 33615

Having been named as registered agent and to accept service of process for the above stated 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.

By:


Registered Agent's Signature

FILED

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

The name and address of each Manager or Managing Member is as follows: MAY -6 P 2:3

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Anderson Alliance Management
Consultants, LLC
121 W. Long Lake Road, 3rd Floor
Bloomfield Hills, MI 48304

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.)

By:



Type or print 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)

DATE 5/05/05 VENDOR # 1526. VENDOR NAME Florida Dept. of State

DATE	PO #	INVOICE NO.	AMOUNT	DISCOUNT	PAID AMOUNT
5/05/05	000000	REG. FEE	125.00	.00	125.00
WCB Ice Cream			VENDOR# 1526	PAGE 1	125.00

WCB Ice Cream

An Alliance Company
267 Livingston Street
Northvale, NJ 07647

COMERICA BANK
PO Box 75000
Detroit, MI 48275

CHECK NO.
11156

ONE HUNDRED TWENTY FIVE DOLLARS 00/100


DATE
5/05/05

AMOUNT
125.00

PAY
TO THE
ORDER
OF

Florida Dept. of State
409 E. Gaines St.

Tallahassee FL 32399


AUTHORIZED SIGNATURE

⑈011156⑈ ⑆072000096⑆ 1851697746⑈