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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FINFRE LLC (Name of Limited Liability C	Company)
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
MICHELLE A. HENDERSON	on)
FINIFIE LLC (Firm/Compar	ny)
2458 DIXBORO IZD (Address)	
ANN ARBOTZ MI (City/State and Zig	48105 o Code)
For further information concerning this matter, please call:	
(Name of Person) at (73	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	.00 Filing Fee & S160 Filing Fee, I Copy Certificate of Status & Certificate o
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: TO THE Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
FINFRE LLC		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2458 DIXEORO RD ANN ARBOZ, MI 48105	2458 DIXBORD RD ANN ARBOR, MI 48105	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re	gistered agent are:	
JAMIE GREE		
Name		
1104 N. COLLIET	2 Blub.	
Florida street addı	ess (P.O. Box <u>NOT</u> acceptable)	
City, State, and Zip		
City, State, an	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the presisions of all formance of my duties, and I am familiar without tered agent as provided for in the process of the process of the provided for in the process of t	

(CONTINUED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M612	MICHELLE A. HENDERSON 2458 DINBORD 10D. ANN ARBOR, MI 48105
MGRM	DENNIS L. HENDERSON 2498 DINBORD TOD. ANN ARBOR, MI 48105
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)
MICHELL Typed	d or printed name of signee
Filing Fees:	SSEE C
\$125.00 Filing Fee for Articles of Organia of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ration and Designation