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SECRETARY OF STATE
TAIL AHASSEF, FLOXID

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Haddad Holding (Name of Limited L	Liability Company)
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter t	to the following:
Charles M.	Haddad me of Person)
Haddad Holdings	Zefa, LLC
PO Box 72112	(Address)
Bertley, M/	ate and Zip Code)
For further information concerning this matter, please cal	11:
Charles M. Haddad at (Name of Person)	(248 703-3942 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	ARET JUN
\$125.00 Filing Fee \$\frac{1}{2}\$\$ \$130.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Haddad Holdings Zeta 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:
3032 Diamond Lane Haddod Holdings Zeta LLC Saint Cloud, FL 34772 POBOX 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 and George Rossa with Castle Property Management
3255 Packard Aue. Florida street address (P.O. Box NOT acceptable)
Sqint Cloud FL 347>2. 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, F3.
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:

The name and address of each transager	or transpirity transport to the total work
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	CHARCES M. HADDAD PO BOX 721124 Berhley, MI 48022
·	
(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 of this document constitute that the facts stated herein	s an affirmation under the penalties of perjury

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)