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Robert V. V. Rice 1899-1982

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Laurence D. Smith 1913-1980

A Professional Corporation ATTORNEYS AT LAW

200 Calder Plaza Building 250 Monroe Avenue, N.W. Grand Rapids, Michigan 49503-2251 Telephone 616-774-8000 Fax 616-774-2461

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202 E. State Street, Ste. 100 Traverse City, Michigan 49684

213 S. Ashley, Stc. 400 Ann Arbor, Michigan 48104-1350

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August 19, 2005

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Ann-Mary Petroskey Michael S. Barnes 1944-1989

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Melissa F. Whitman Kristen A. Campbell Cara L. Nieboer Jason R. Sobolt Steven K. Stawski Shawo C. Worden Scott D Harvey Matthew L. Wikander Rachel L. Hillegonds Amanda K. Coulter Andrew J. Blodgett

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VIA OVERNIGHT MAIL

Registration Section Florida Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

DayStar Properties-CR, LLC, Avail Investment Fla., LLC, LA-Developers, LLC and

GAM-LA Developers, LLC

Dear Reader:

Enclosed please find for filing four Articles of Organization. I have also enclosed four checks in the amount of \$160.00 for the filing fee for each limited liability company. Please return the confirmations to my office in the enclosed self-addressed, overnight mailing envelope.

Sincerely,

SMITH HAUGHEY RICE & ROEGGE

James G. Black

/smr

Enclosures

SHRR 914081v1

jblack@shrr.com_5

TRANSMITTAL LETTER

	tration Section ion of Corporations	•	•				
SUBJECT: _	LA Dev	elopers,	LLC				
5020201	<u> </u>	(Name of Limit	ed Liability Compan	ıy)			
The enclosed	Articles of Organizatio	n and fee(s) are	submitted for filing.				
Please return a	II correspondence con	cerning this mat	ter to the following:				
-	James G.	Black	(Name of Person)	<u> </u>			
	Smith Hau		e & Roegge				
			(Firm/Company)			-,	
	250 Monro	e Avenue,	Suite 200			7.0	0.0
			(Address)			5 0) All
	Grand Rap	ids, MI 4	19503			SELVE SELECTION OF STATE	6 24 F
		(Cit	y/State and Zip Code)			_	<u>≃</u> હ
For further info	ormation concerning th	is matter, please	e call:			ANDA ANDA	3
James G.			_at (616)_(Area Code a	458-4	253		
	(Name of Person)		(Area Code	& Daytime T	elephone Number)		
Enclosed is a	check for the follow	ing amount:					
□ \$125.00 Fil	ing Fee		□ \$155.00 Fili Certified Copy (additional copy is		\$160.00 Fi Certificate of Certified Cop (additional copy	Status & y	
	STREET ADDRE Registration Section Division of Corpora 409 E. Gaines Street Tallahassee, Florida	n ations et	Ri Di P.	IAILING A egistration S ivision of C O. Box 632 allahassee, F	ection orporations		

דורבר

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is:				
LA Develope	rs, LLC				
ARTICLE II - Add The mailing address		incipal office of the Limited L	iability Co	mpany	/ is:
Principal Office A	ddress:	Mailing Address:			
1199 Hillsbo	ro Mile, Unit 129	Same			
Hillsboro Be	ach, Fl 33062			<u>-</u>	
ARTICLE III - Re	gistered Agent, Registered	Office, & Registered Agent'	s Signatu	Ġ,	
The name and the F	lorida street address of the re	gistered agent are:	- <u> </u>	AUG	
	Marwan Rifka			24	<u> </u>
•	Name	<u> </u>	90	P	THE HE
	1199 Hillsboro Mi	lle, Unit 129	T STA	PM 3: 13	
•	Florida street add	ress (P.O. Box NOT acceptable)	原品	$\frac{1}{3}$	
	Hillsboro Beach	33062 FL			
,	City, State, as	nd Zip			
Having been name	d as registered agent and to a	ccept service of process for the	above stat	ed limi	ited

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Global Asset Management, LLC P.O. Box 158
	Grandville, MI 49468-0158
(Use attachment if necessary) NOTE: An additional article mus REQUIRED SIGNATURE:	t be added if an effective date is requested.
ALC	TO SAME
Signature of minemb	er or an authorized representative of a member.
	*
<u></u>	yped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organization of Registered Agent	anization and Designation

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)