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SLORETARY OF STATE
TALL AHASSEE, FLORES

J. St. 77272 UCT 0.5 2005

BARRIS, SOTT, DENN & DRIKER, P.L.L.C.

A PROFESSIONAL LIMITED LIABILITY COMPANY

ATTORNEYS AND COUNSELORS

211 WEST FORT STREET

FIFTEENTH FLOOR

DETROIT, MICHIGAN 48226-3261

(313) 965-9725

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TELECOPIER (3)31 965-5398

October 3, 2005

Federal Express

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LEON COHAN OF COUNSEL

> DIRECT DIAL: (313) 596-9326 DIRECT FAX: (313) 983-3341 E-MAIL: ecarrie@bsdd.com

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re:

Soble-Jax, L.L.C.

Dear Sir/Madam:

DONALD E. BARRIS

EUGENE DRIKER WILLIAM G BARRIS SHARON M, WOODS STEPHEN E, GLAZEK

STEPHEN E. GLAZEK ROBERT E. KASS DANIEL M. SHARE MORLEY WITUS JAMES S. FONTICHIARO ROBERT E. EPSTEIN DANIEL J. LACOMBE G. DAVID BARGAMIAN TODD R. MENDEL

THOMAS F. CAVALIER MICHAEL J. REYNOLDS

ERIC S. ROSENTHAL

TODD R. MENDEL DENNIS M. BARNES

Enclosed for filing with the Florida Department of State are Articles of Organization for Sobel-Jax, L.L.C. along with a check for \$125.00 for the filing fee.

Upon filing, please return a date-stamped copy in the self-addressed, stamped envelope enclosed for your convenience.

Very truly yours,

BARRIS, SOTT, DENN & DRIKER, P.L.L.C.

Elastic a Carrie

By:

Elizabeth A. Carrie

EAC:amw Enclosure

cc:

Samuel R. Sobel Jeffrey E. Sobel William G. Barris

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sobel-Jax, LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William G. Barris	
(Name of Person)	
Barris, Sott, Denn & Driker, P.L.L.C.	
(Firm/Company)	
211 W. Fort Street, 15th Floor	
(Address)	=- ===================================
Detroit, MI 48226-3281	OS OCT -4 PM 1:11 SLORFTARY OF STATE TALL AHASSEE, FLORI
(City/State and Zip Code)	TAS FASE FASE FASE FASE FASE FASE FASE FA
For further information concerning this matter, please call:	SEE SY O
For futurer information concerning this matter, please can.	FEST
Elizabeth A. Carrie at (313) 596-9326	PART I
(Name of Person) (Area Code & Daytime Telephone Number)	>
Enclosed is a check for the following amount:	
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee	
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sobel-Jax, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company," Liability Company, "Liabi	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17939 Lake Estate Drive Boca Raton, Florida 33496	17939 Lake Estate Drive Boca Raton, Florida 33496
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Samuel R. Sobel	egistered agent are:
Name	SSET
17939 Lake Estate Drive	
	Iress (P.O. Box NOT acceptable)
Boca Raton City, State, a	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Samuel R. Sobel Revocable Living Trust dated 11/16/1973, as amended
	17939 Lake Estate Drive
	Boca Raton, Florida 33496
MGRM	Jeffrey E. Sobel Revocable Living Trust dated 7/24/1998, as amended
	26400 West Twelve Mile Road, Suite 50
	Southfield, Michigan 48034
(Use attachment if necessary)	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days priore

to or 90 days after the date of filing.)

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.)

Samuel R. Sobel Revocable Living Trust dated 11/16/1973, as amended, by: Samuel R. Sobel, Trustee

Typed or printed name of signee

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)

Page 2 of 2