L05000113095

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600061399056

FILED

05 NOV 23 AM 8: 58

SECRETARY OF STATE

CS NOV 23 PH 2: 57



ACCOUNT NO. : 072100000032

REFERENCE: 722194 4306747

ORDER DATE: November 23, 2005

ORDER TIME : 12:40 PM

ORDER NO. : 722194-010

CUSTOMER NO: 4306747

DOMESTIC FILING

NAME: PT EX LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY

CONTACT PERSON: Pollye Janisse - EXT. 2954

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	::
PT EX LLC	= 0 G
(Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	至 3
The mailing address and street address of the p	rincipal office of the Limited Liability Company is
	7 7
Principal Office Address:	Mailing Address:
23800 West Ten Mile Road	23800 West Ten Mile Road
Suite 220	Suite 220
Southfield, MI 48034	Southfield, MI 48034
The name and the Florida street address of the r Corporation Service Company Name	
1201 Hays Street	
	tress (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State, a	and 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 Corporation Service Company By: Registered Agent's Signature	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

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
"MGRM" = Managing Me	mber
MGR	Walter Cohen
	23800 West Ton Mile Rd., Suite 220
	Southfield, MI 48034
MGR	David Friedman
	34975 West Twelve Mile Rd., Suite 100
	Farmington Hills, MI 48331
Use attachment if necessa	ry)
•	
EV: Effective date, if oth	ter than the date of filing: (OPTION
	ate must be specific and cannot be more than five business de
days after the date of filin	g.)
	on.
<u>REQUIRED</u> SIGNATUR	

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: Gregory J. DeMars, Authorized Representative

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)