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☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

Signature	DCC
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Acknowledgment	DCC
W. P. Verivox	DCC

V B ESTATES, LLC

17199 N. Laurel Park Drive – Suite 20, Livonia, MI. 48152
(Office) 734-462-2598 (Fax) 734-462-3621

January 2, 2006

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

RE: FILING OF ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

Gentlemen:

Enclosed is the Articles of Organization for a Florida Limited Liability Company whose name is "V B Estates, LLC" along with our check in the amount of \$130.00 to cover the cost of filing fees for the Articles of Organization and a Certificate of Status.

If you have any questions with respect to the above filing please feel free to call me during business hours at the above telephone number.

Sincerely,



Richard L. Lambert
Managing Member

RLL/je
Enc. (2)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

V B Estates, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

17199 N. Laurel Park Drive

Suite 20

Livonia, MI. 48152

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Richard M. Howe

Name

5410 E. First Sq., S.W.

Florida street address (P.O. Box NOT acceptable)

Vero Beach

FL

32968

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, F.S..

Richard M. Howe

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Richard L Lambert

17199 N. Laurel Park Drive

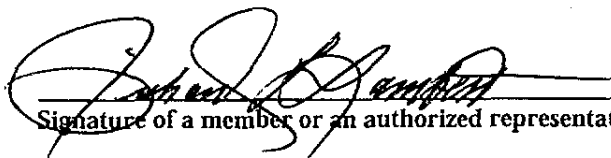
Suite 20

Livonia, MI. 48152

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2006. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.)

Richard L. Lambert

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)