

L 06000005852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

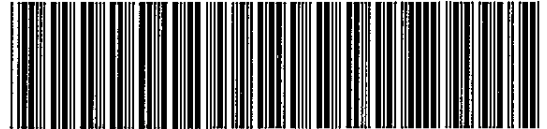
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2006 JAN 17 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 JAN 17 PM 12:51  
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : 0721000000032

REFERENCE : 815402 4306747

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
2006 JAN 17 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 17, 2006

ORDER TIME : 12:22 PM

ORDER NO. : 815402-005

CUSTOMER NO: 4306747

DOMESTIC FILING

NAME: 21 CENTURY ASHFORD LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2006

HEATHER CHAPMAN  
CSC  
TALLAHASSEE, FL

SUBJECT: 21 CENTURY ASHFORD LLC  
Ref. Number: W06000002097

**RESUBMIT**  
Please give original  
submission date as file date  
2006 JAN 17 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

We have received your document for 21 CENTURY ASHFORD LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

R.A. must please sign acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 506A00003213

**RECEIVED**  
06 JAN 18 AM 8:51  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

21 Century Ashford 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:**

23800 W. Ten Mile Road, Suite 220  
Southfield, Michigan 48034

**Mailing Address:**

23800 W. Ten Mile Road, Suite 220  
Southfield, Michigan 48034

**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:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301  
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..*

Corporation Service Company

By: 

**Brian Courtney**

Registered Agent's Signature (REQUIRED) **Asst. V. Pres.**

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**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:**

MGR

Walter Cohen

23800 W. Ten Mile Road, Suite 220

Southfield, Michigan 48034

MGR

John Serra

39603 Old Dominion


Clinton Township, Michigan 48038

(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 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.)

By: Gayle Aiken, 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)