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SECRETARY OF STATEMS
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DEBRA C. JONES

LEGAL ASSISTANT DJONES@BODMANLLP.COM 313-656-2519

April 25, 2006

BODMAN LLP 34TH FLOOR 100 RENAISSANCE CENTER DETROIT, MICHIGAN 48243 313-393-7579 FAX 313-259-7777 Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: P S Dennis Company, LLC

Dear Sir/Madam:

bodman ATTORNEYS & COUNSELORS

Enclosed for filing is the Articles of Organization for Florida Limited Liability Company for the above-referenced entity. Also enclosed is a check in the amount of \$125.00 for the filing fee.

Do not hesitate to contact me if you have any questions.

Sincerely yours,

Debra C. Jones Legal Assistant

~ c 2

DCJ/

Enclosures

cc: David P. Larsen

Principal Some

DETROIT | TROY | ANN ARBOR | CHEBOYGAN | LANSING

COVER LETTER

то:	Registration Se Division of Co					06 MA
SUBJ	ECT: PS Dennis			 		
		(Name of Limited	d Liability Con	ipany)		
The er	nclosed Articles of	f Organization and fee(s) are su	ubmitted for fil	ing.		
Please	return all corresp	ondence concerning this matte	r to the followi	ng:		
			avid P. Larsen			
		(1)	Name of Person)			
			Bodman LLP			
		(Firm/Company)			
		6th Floor at Ford	Field, 1901 St	. Antoine Street		
			(Address)			
		De	etroit, MI 4822	6		
		(City.	State and Zip C	ode)		
For fu	rther information	concerning this matter, please	call:			
David	l P. Larsen		at (313) 259-7777		
	(Name	of Person)	(Area C	Code & Daytime T	elephone Number)	
Enclo	sed is a check for	or the following amount:				
× \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy you is enclosed)	\$160.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed)	& &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661 I	/Courier Address ration Section on of Corporation in Building Executive Center	ns · Circle	

ARTICLE I - Name: The name of the Limited Liability Company is: P S Dennis Company, 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 Principal Office Address: Mailing Address: 2453 S. Bayshore Drive, #2 Coconut Grove, FL 33133 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: Phillip S. Dennis Name 2453 S. Bayshore Drive, #2	ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: 2453 S. Bayshore Drive, #2 Coconut Grove, FL 33133 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: Phillip S. Dennis Name 2453 S. Bayshore Drive, #2	ARTICLE I - Name	弄 岩
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Name 2453 S. Bayshore Drive, #2	The name and the Florida street address	
	2453	S. Bayshore Drive. #2
Florida street address (P.O. Box NOT acceptable)		
Coconut Grove, FL 33133	Coc	conut Grove, FL 33133
City, State, and Zip	C	City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S C T Corporation System	liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co accept the obligations of my position	gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S
Registered Agent's Signature (REQUIRED)	Phillip S.	Dei

(CONTINUED) Page 1 of 2

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.)

Phillip S. Dennis

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)