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SECREJARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corp	orations			
SUBJECT: S&F	Management Cor	npany LL	.c	
	(Name of Limits	d Liability Con	npany)	
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for fil	ling.	
Please return all correspon	idence concerning this matte	er to the followi	ing:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,			
Lawrence :	S. Flaggman			
.,	Ç	Name of Person)		
Finsliver/Fi	riedman Manage	ement Co	orporation	<u> </u>
		(Firm/Company)		
34975 W.	Twelve Mile Ro	oad		
		(Address)	<u></u>	
Farmingto	n Hilis, Mi 481	33		
		/State and Zip Co	ode)	
For further information con	ncerning this matter, please	call:		
Lawrence S. Fla	iggman	_{at (} 248	_\ 848-30	24
(Name of	Person)	(Ares C	ods & Daytime T	24 clephone Number)
Enclosed is a check for t	the following amount:			
	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Certified Co (additional cop	1 /	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Rogista Divisio Clifton 2661 E	Courier Addression Section of Corporation Building Executive Center 15500, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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 t	the principal office of the Limited Liab	oility Company is:		
Principal Office Address:	Mailing Address:			
34975 W. Twelve Mlie Road	34975 W. Twelve Mile Road			
Suite 100	Suite 100			
Farmington Hills, MI 48331	Farmington Hills, MI 48331			
ARTICLE III - Registered Agent, Regist				
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent, You must designate an individuate the registered agent are:	AND SECRE!		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Corporate Service Co	Registered Agent, You must designate an individual the registered agent are:	06 NOV 17		
(The Limited Liability Company earnet serve as its own business entity with an active Florida registration.) The name and the Florida street address of Corporate Service Control 1201 Hays Street	Registered Agent, You must designate an individual the registered agent are: ompany Name	OG NOV 17 AI		
(The Limited Liability Company estates are as its own business entity with an active Florida registration.) The name and the Florida street address of Corporate Service Control 1201 Hays Street Florida street	Registered Agent, You must designate an individual the registered agent are: ompany Name et address (P.O. Box NOT acceptable)	OG NOV 17 AI		
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Corporate Service Control 1201 Hays Street Florida street Tallahassee	Registered Agent, You must designate an individual the registered agent are: ompany Name	06 NOV 17 AH 9:		

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.

Kellen Cokelin list. Secretary

Registered Agont's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Stanley Finsilver 34975 W. Twelve Mile Road Farmington Hills, MI 48133 MGR David B. Friedman 34975 W. Twelve Mile Road Farmington Hills, Mt 48133 (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.) David B. Friedman STAULTY If. FINSINET Typed or printed name of signee Filing Feer; \$125.00 Filing Fee for Articles of Organization and Designation

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

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)