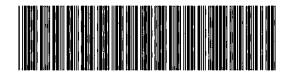
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MANCINI DEVELOPMENT, L.C. (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
DANIEL C. MANCINI
(Name of Person)
MANCINI DEVELOPMENT, L.L.C.
(Firm/Company)
1919 N.W. 40TH CT.
(Address)
POMPANO BEACH, FL 33064
(City/State and Zip Code)
For further information concerning this matter, please call:
101 Intellet Information concerning and matter, prease carl.
DANIEL C. MANCINI at (954) 956-9823 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of St

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

12/20/06 15:11 FAX 248457721	12/20/06	15:11	FAX	24845	7721
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2002/003

RIICLES OF ORGANIZATION 1	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
MANCINI DEVELOPMENT, L.L.C.	·
(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is: Mailing Address:
1919 N.W. 40TH CT.	6850 19 MILE RD.
POMPANO BEACH, FL 33064	STERLING HEIGHTS, MI 48314
	legistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another)
The name and the Florida street addres	ss of the registered agent are:

DAMIEL C. MANCINI	
Na	ine .
1919 N.W. 40TH CT.	
Florida street	address (P.O. Box NOT acceptable)
POMPANO BEACH	FL 33064
City, Sta	te, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

4.

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	DANIEL C. MANCINI
	1919 N.W. 40TH CT.
	POMPANO BEACH, FL 33064
MGRM	STEVEN M. MANCINI
	6850 19 MILE RD.
	STERLING HEIGHTS, MI 48314
MGRM	EDWARD A. MANCINI
	6850 19 MILE RD.
	STERLING HEIGHTS, MI 48314
_	
·	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL
effective date is listed, the date mus	st be specific and cannot be more than five business days
00 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.)

DANIEL C. MANCINI

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)