## L08000032934

(Requestor's Name)	
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(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	04/02/08010010
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EXAMINER

`	ACCESS, INC.  236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALK IN
	PICK UP: 4/108 ACTURE
	CERTIFIED COPY
	РНОТОСОРУ
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abla	FILING LLC TO TO TO THE SECOND
2.	CAG MARINE LLC (CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)
•	(CORPORATE NAME AND DOCUMENT #)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
C & G Marine LLC (Must end with the words "Limited Liability	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12955 23 Mile Road Shelby Township, Michigan 48315	12955 23 Mile Road Shelby Township,Michigan 48315
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	egistered agent are: AS 08
<u>Chris Peyerk</u>	CRE AP T
Name	HASSIARY BOLL
1063 Hillsboro Mile	es (P.O. Box NOT acceptable)
Hillsboro Beach	3.3UDZ
City, State, as	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	sccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (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:
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	Managing Member	
MGRM		CP Ventures Limited Partnership
	<del></del>	12955 23 Mile Road
		Shelby Township, Michigan 48315
MGRM		D D Ventures LLC
		59878 Beechwood
		Washington Township, MI 48094
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LE V: Effective date i	ive date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date i	ive date, if other than the slisted, the date must be date of filing.)	e specific and cannot be more than five business d
LE V: Effective date i	ive date, if other than the s listed, the date must be date of filing.)  Signature:	er or an authorized representative of a member.
LE V: Effective date i	ive date, if other than the slisted, the date must be date of filing.)  Signature:  (In accordance with se of this document const	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution situtes an affirmation under the population of periors.
LE V: Effective date i	ive date, if other than the s listed, the date must be date of filing.)  Signature:  (In accordance with se of this document const that the facts stated if	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution situtes an affirmation under the population of periors.

of Registered Agent

3 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)