

L10000115435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

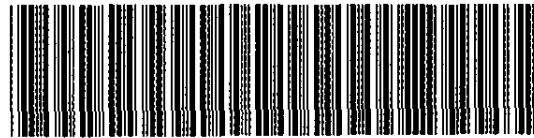
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/10--01032--016 **125.00

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10 NOV -5 PM 12:06

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

10/29/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -5 AM 11:17

B. KOHR

NOV - 9 2010

EXAMINER

COVER LETTER

EFFECTIVE DATE 11/29/2010

TO: Registration Section
Division of CorporationsSUBJECT: DETROIT HD MANAGEMENT, LLC
Name of Limited Liability CompanyFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -5 AM 11:17

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HOWARD ARNBEL

Name of Person

COASTAL EQUITIES

Firm/Company

1825 MAIN STREET

Address

WESTON FL 33327

City/State and Zip Code

HOWARD@COASTALEQUITIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOWARD ARNBEL

Name of Person

at (954) 385 0001

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing AddressRegistration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street/Courier AddressRegistration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

11/05/2010 10:20 9543850661

COASTAL

PAGE 01/06

EFFECTIVE DATE 10/29/2010

Seth Markowitz, Esq

FILED STATE
SECRETARY OF CORPORATIONS
10 NOV -5 AM 11:17

November 5, 2010

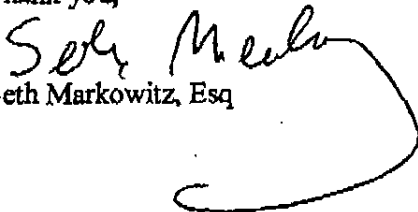
Department of State
Division of Corporations
Corporate Filings

RE: DETROIT HD MANAGEMENT, LLC

Please accept this letter as notice that I, SETH MARKOWITZ, hereby withdraws the electronic filing for DETROIT HD MANAGEMENT, LLC which was rejected on 11/05/2010 under Document number W10000051861.

Further I do not object to allow the enclosed new LLC to be formed under the name DETROIT HD MANAGEMENT, LLC

Thank you,


Seth Markowitz, Esq

EFFECTIVE DATE 10/29/2010**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

DETROIT HQ MANAGEMENT, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**7879 L'AQUILA WAY
DELRAY BEACH, FL 334461825 MAIN ST.
WESTON FL 33327**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:


ED ROSS

Name

7879 L'AQUILA WAYFlorida street address (P.O. Box NOT acceptable)DELRAY BEACH FL 33446

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 NOV -5 AM 11:17

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:MGRMED ROSS7879 LIAQUILA WAY
DELRAY BEACH FL 33446MGRMHOWARD ARNBERG1825 MAEN ST.
WESTON FL 33326MGRMSCOTT ROSS1825 MAEN ST
WESTON FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/29/2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

HOWARD ARNBERG

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)