

L13000080893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

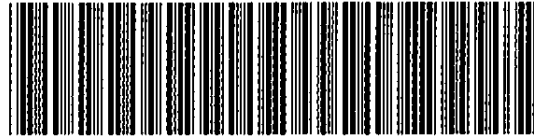
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600248523806

RECEIVED  
DEPARTMENT OF STATE  
JUN 4 2013

2013 JUN -4 AM 8:34

FILED

RECEIVED  
DEPARTMENT OF STATE  
JUN 4 2013 AM 10:55

JUN 05 2013

D. BRUCE

**CSC**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 673095 4306747

AUTHORIZATION :

*Susie Knight*

COST LIMIT : \$ 155.00

ORDER DATE : June 3, 2013

ORDER TIME : 5:09 PM

ORDER NO. : 673095-005

CUSTOMER NO: 4306747

DOMESTIC FILING

NAME: RED CEDAR REAL ESTATE OF FL,  
LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2013 JUN -4 AM 8:34  
TOLSON-EEB/DAW

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Red Cedar Real Estate of FL, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Gayle Aiken, Paralegal

Name of Person

Honigman Miller Schwartz and Cohn LLP

Firm/Company

2290 First National Building

Address

Detroit, MI 48226

City/State and Zip Code

gca@honigman.com

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

For further information concerning this matter, please call:

Gayle Aiken

Name of Person

at ( 313 ) 465-7208

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                   |                                                                                                                             |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

**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

2013 JUN -4 AM 8:34

2013 JUN -4 AM 8:34

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Red Cedar Real Estate of FL, 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:

20605 W 14 Mile Road

Beverly Hills, MI 48025

#### Mailing Address:

same

### 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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32301

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)

**Sue G. Knight**  
Assistant Vice President

(CONTINUED)

FILED  
2018 JUN -4 AM 8:34  
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

**Name and Address:**

Gideon Pfeffer

20605 W.14 Mile Road

Beverly Hills, MI 48025

Jon Grabowski

20605 W. 14 Mile Road

Beverly Hills, MI 48025

**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. 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.)

Gayle Aiken, Authorized Representative

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)**

2013 JUN -4 AM 8:34