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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 2017

S. GILBERT

FRASCO CAPONIGRO
WINEMAN & SCHEIBLE, PLLC

ATTORNEYS AND COUNSELLORS

ROY A. LUTTMANN

June 28, 2016

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Cullman Family LLC ("LLC")

Dear Sir/Madam,

In connection with the above-referenced matter, enclosed please find the following documents for your processing:

1. Cover Letter;
2. Articles of Organization for Florida Limited Liability Company; and
3. Check in the amount of $125.00.

Please process the enclosed in your usual manner and provide confirmation that the LLC has been registered. If you have any questions, please contact the undersigned.

Sincerely,

FRASCO CAPONIGRO
WINEMAN & SCHEIBLE PLLC

Roy A. Luttmann

RAL/srm
Enclosure(s)
cc: Mr. Jeffery A. Cullman

1301 WEST LONG LAKE ROAD · SUITE 250
TROY, MI 48098
TELEPHONE 248.334.6767 FAX 248.334.0999
E-MAIL RL@FRASCAP.COM
WWW.FRASCAP.COM

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CULLMAN FAMILY 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:

ROY A. LUTTMANN, ESQ.
Name of Person

FRASCO CAPONIGRO WINEMAN & SCHEIBLE PLLC
Firm/Company

1301 WEST LONG LAKE ROAD, SUITE 250
Address

TROY, MICHIGAN 48098
City/State and Zip Code

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

For further information concerning this matter, please call:

ROY A. LUTTMANN at (248) 334-6767
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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 Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 JUL -6 AM 9:27

ARTICLE I - Name:
The name of the Limited Liability Company is:

CULLMAN FAMILY 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:**
5949 CHANTECLAIR DRIVE	5949 CHANTECLAIR DRIVE
NAPLES, FLORIDA 34108	NAPLES, FLORIDA 34108

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:

JEFFERY A. CULLMAN
Name

5949 CHANTECLAIR DRIVE
Florida street address (P.O. Box **NOT** acceptable)

NAPLES	FL	34108
City	State	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 605, F.S..

Jeffery A. Cullman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
MGR	JEFFERY A. CULLMAN 5949 CHANTECLAIR DRIVE NAPLES, FLORIDA 34108

(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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE: Jeffery A. Cullman

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JEFFERY A. CULLMAN
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)