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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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DEPARTMENT OF SIX

C. GOLDEN NOV 1 5 2016

## **CORPORATE**ACCESS,

## When you need ACCESS to the world

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: 1-74	
	CERTIFIED COPY	
R	РНОТОСОРУ	
	CUS	
X	FILING LLC	
- •-	(CORPORATE NAME AND DOCUMENT #)	
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-	(CORPORATE NAME AND DOCUMENT #)	1 V V V V V V V V V V V V V V V V V V V
-	(CORPORATE NAME AND DOCUMENT #)	PH 2: 24
-	(CORPORATE NAME AND DOCUMENT #)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					[-]	LE	ΞD
The name of the Limited Liabili	ly Company is:			16	NOV 1	i;	ΕH
True North Marine 1				-	- ; ; ;	4"	٠.
(Must end	with the words "Limited	d Liability Com	pany, "L.L.C.," or "L.LC.")		* ± ; ±		. '
ARTICLE 11 - Address: The mailing address and street a	ddress of the principal o	office of the Lin	nited Liability Company is:				
Princip	al Office Address:		Mailing Address:				
2200 South Ocean L	ane, Unit 2005		4981 Grand Court				
Fort Lauderdale, FL	33316		West Bloomfield, MI 48324				
another business entity with an a	<b>5</b>	•					
	John A. Redner						
		Nanie					
	2200 South Ocean Lane, Unit 2005						
	Florida street address	s (P.O. Box <u>NO</u>	T acceptable)				
	Fort Lauderdale	FL	33316				
	City	State	Zip				
	•		the above stated limited liability com	-			

2: 24

Having been numed 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 abligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page Lof2

Citlei	Name and Address:
AMBR" = Authorized Member	
MGR" Menager MGR	Inho A. Badoni
MUK	John A. Redner  4981 Grand Court
	West Bloomfield, MI 48324
	West Disconticin, Wi 40324
AMBR	Zara T. Redner
	4981 Grand Court
	West Bloomfield, MI 48324
and the state of t	
	<del></del>
V: Effective date, if other than the date of ive date is listed, the date must be specifing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) ne date inserted in this block does not mee ent's effective date on the Department of	fic and cannot be more than five business days prior to or 9 I the applicable statutory filing requirements, this date will no
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