

LI7000 262506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

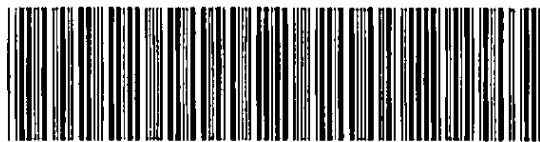
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**CORPORATE
ACCESS, _____
INC.**

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WALK IN

PICK UP: 12/26/17

CERTIFIED COPY _____

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FILING LLC _____

1. 809 SOMERSET LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

1027 4/16/17

COVER LETTER

**TO: New Filing Section
Division of Corporations**

809 Somerset LLC

SUBJECT: _____ **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:

Kevin S. Macaddino, Esq.

Name of Person

Varnum LLP

Firm/Company

39500 High Pointe Blvd., Suite 350

Address

Novi, Michigan 48375

City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly Doyle

248

567-7812

Name of Person

Area Code

Previous 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 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 Cir
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

809 Somerset LLC

(Must contain 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:

42300 West Nine Mile Road
Novi, Michigan 48375

42300 West Nine Mile Road
Novi, Michigan 48375

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:

Registered Agent Solutions, Inc.

Name _____

155 Office Plaza Drive, Suite A

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

Tallabasee

Florida
State

32301
Zip

I 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.

Jaclyn Wright, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

11-627 Fil 2

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Raffi Kuredjian

42300 West Nine Mile Road

Novi, Michigan 48375

AMBR

Vahé Manavdjian

42300 West Nine Mile Road

Novi, Michigan 48375

(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:

Kevin S. Macaddino
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.

Kevin S. Macaddino, 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)

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