Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000092529 3)))



H180000925293ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020

Phone : (813)435-3176

Fax Number

: (713)429-1276

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. E & C REAL ESTATE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAR 23 2018

Electronic Filing Menu

Corporate Filing Menu

Help

K. Brumbley

H180000 925293

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E & C REAL ESTATE INVESTMENTS, 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:

Malling Address:

1114 HEMLOCK

1114 HEMLOCK

ROCHESTER, MICHIGAN 48307

ROCHESTER, MICHIGAN 48307

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company carnot 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:

MICHAEL A. SCHNEIDER

Nama

8255 N. WICKEM STE 100

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

MELBOURNE

FLORIDA

32940

City

State

Ζīp

Having been named as registered agent and to accept survice 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 pegistered agent as provided for in Chapter 605, F.S.

Registered Agont's Signature (REQUIRED)

(CONTINUED)

2018 MAR 22 AH 10:

4180000 925 293

Title: - "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	STEPHEN A MONTEMURAL
	1114 HEMLOCK
	ROCHESTER, MICHIGAN 48307
AMBR	DAVID JMONTEMURRI
	1114 HEMLOCK
	ROCHESTER, MICHIGAN 48307
<u> </u>	
- 	
	
V: Effective date, if other than the dat tive date is listed, the date must be sa filing.)	c of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 98 meet the applicable statutory filing requirements, this date will no
filing.) the date inserted in this block does not ent's effective date on the Department	pecine and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be specifized.)	pecine and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be specifiling.) he date inserted in this block-does not ent's effective date on the Department	pecine and cannot be more than five business days prior to or 90
V: Effective date, if other than the date tive date is listed, the date must be splitting.) the date inserted in this blockdoes not ent's effective date on the Department VI: Other provisions, if any. ECDIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will no of State's records.
V: Effective date, if other than the date tive date is listed, the date must be sifiling.) see date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. ECDIRED SIGNATURE: Signature of a me	meet the applicable statutory filing requirements, this date will not of State's records. A. Mott
V: Effective date, if other than the date tive date is listed, the date must be sifiling.) we date inserted in this block-does not ent's effective date on the Department VI: Other provisions, if any. EDIRED SIGNATURE: Signature of a mathematical part of the second	meet the applicable statutory filing requirements, this date will no of State's records.
V: Effective date, if other than the date tive date is listed, the date must be suffiling.) we date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. **EDIRED SIGNATURE:** Signature of a mathematical and aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. A. Most the applicable statutory filing requirements, this date will not of State's records. The state of State of the Department of State of the s
V: Effective date, if other than the date tive date is listed, the date must be sifiling.) we date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any. ECDIRED SIGNATURE: Signature of a mathematical part of the second	meet the applicable statutory filing requirements, this date will not of State's records. A. Most the applicable statutory filing requirements, this date will not of State's records. The state of State of the Department of State of the s
V: Effective date, if other than the date tive date is listed, the date must be spling.) e date inserted in this block-does not not's effective date on the Department of the	meet the applicable statutory filing requirements, this date will not of State's records. A. M. Ember or an authorized representative of a member. Ted in accordance with section 605.0203 (1) (b), Florida Statutes, as information submitted in a document to the Department of State of fellows as provided for in s.817.155, F.S.