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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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. S2 Living LLC

Certificate of Status	1
Certified Copy	0
Page Count	- 04- 3
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

S2 LIVING 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:

3285 Bayshore Drive	3285 Bayshore Drive	
Orchard Lake, MI 48325	Orchard Lake, MI 48325	

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:

Corporate Creations N	letwork Inc.	
	Name	
801 US Highway 1		
Florida street address	(P.O. Box NOT acc	eptable)
North Palm Beach	Florida	33408
City	State	Zip

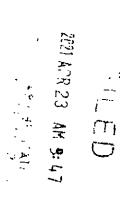
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

Corporate Creations Network Inc.

By: Carlos M Alvarez, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:	
"AMBR" Authorized Member		
"MGR" = Manager		
AMBR	Robert Sullivan	
	3285 Bayshore Drive	
	3285 Bayshore Drive Orchard Lake, MI 48325	
AMBR	Darlene Sullivan	
<u> </u>	3285 Bayshore Drive	
	Orchard Lake, MI 48325	
		
		
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