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SECRETARY OF STATE
ALLAHASSIE FINANCE

COVER LETTER

TO:							
CHDIE		ON 115, LLC					
SUBJE	CI:	Name of Lin	nited Liabili	ty Company	<u></u>		
The enc	losed Articles of	Organization and fee(s) ar	e submitted	for filing.			
	Dennis M. D	resser					
		<u></u>	Name of	Person	<u> </u>		-
			Firm/Co	mpany			-
	3450 Gulf Sl	nore Blvd N.					
	-	····	Addre	ess			_
	Naples, Flori	ida 34103					
	Division of Corporations LA MAISON 115, 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: Dennis M. Dresser Name of Person Firm/Company 3450 Gulf Shore Blvd N. Address Naples. Florida 34103 City/State and Zip Code dmdresser@comcast.net E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Robert S. Pavlock Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Est25.00 Filing Fee Certificate of Status Certificate of Status New Filing Section Division of Corporations D					55	72
	dmdresser@co	omeast.net				<u> F8</u>	ن <u>ب</u>
		E-mail address: (to be used	for future a	nnual report notificati	on)	£6	\geq
For furth	er information co	ncerning this matter, pleas	e call:			3,455	ယ် ==
	Robert S. Pav			546-0400)		- E	AM 8:
	Nam	e of Person A	rea Code	Daytime Telephone	e Number	neile.	8: 1,9
Enclose	ed is a check for t	he following amount:					
Certificate of Status Mailing Address		Certified Copy Certificate of Cadditional copy is enclosed) Certified Co			of Status & opy	č.	
				ivision			
New Filing Section Division of Corporations P.O. Box 6327			•				
	P.O. B	ox 6327		2415 N. Monroe Stree	et, Suite 810		
Tallahassee, FL 32314				Tallahassee, FL 3230.	3		

FILEU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: La Maison 115, 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: 1833 Sudbury Court 3450 Gulf Shore Blvd N Rochester Hills, MI 48306-3667 Naples, Florida 34103 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:

Name

3450 Golf Shore Blvd N

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

Naples, FL 34103

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 a familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

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	Dennis M. Dresser	
	3450 Gulf Shore Blvd N	
	Naples, FL 34103	
- 		
(Use attachment if necessary)		
	5.	
CLE V: Effective date, if other than the	date of filing: (OPTIONAL) 3	٠.
effective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days	art
te of filing.)	In A	
If the date inserted in this block does r	not meet the applicable statutory filing requirements, this date will not be li	Sicc
cument's effective date on the Departm	ient of State's records. $\overset{\mathcal{S}}{\overset{\sim}{\hookrightarrow}}\overset{\sim}{\overset{\sim}{\hookrightarrow}}$ ω	
CLE VI: Other provisions, if any.		
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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 a.817.155, F.S.

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)