

L23000151445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

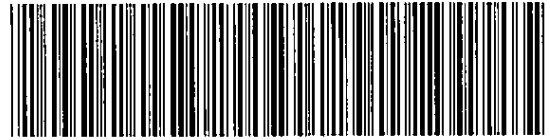
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM

APR - 4 2023

SECRETARY OF STATE
MAIL ROOM

2023 APR - 3 AM 9:53

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2023 APR - 3 PM 3:48

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 632351 7873581

AUTHORIZATION :

COST LIMIT : \$ ~~125.00~~

[Handwritten signature]

ORDER DATE : April 3, 2023

ORDER TIME : 1:0 PM

ORDER NO. : 632351-005

CUSTOMER NO: 7873581

DOMESTIC FILING

NAME: 10300 RIVERSIDE, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: 10300 RIVERSIDE, 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:

Gayle S. McGregor, Esq. (Ann McGowan)

Name of Person

Williams Williams Rattner & Plunkett, P.C.

Firm/Company

380 N Old Woodward Avenue, Suite 300

Address

Birmingham, MI 48009

City/State and Zip Code

amm@wwrplaw.com

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

For further information concerning this matter, please call:

Ann McGowan

248

642-0333

at (_____) _____

Name of Person

Area Code

Daytime 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
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

10300 RIVERSIDE, 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:

10300-10350 Riverside Drive
Palm Beach Gardens, FL 33410

Mailing Address:

41000 Woodward Avenue
Suite 350, East Building
Bloomfield Hills, MI 48304

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.

Corporation Service Company

By

Alexis Weiland-Jensen, ACP

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Manoj Manwani
4100 Westwood Ave Suite #350, East
Birmingham Hills, MI 48304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


(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 o
the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil
the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statu
I am aware that any false information submitted in a document to the Department of S
constitutes a third degree felony as provided for in s.817.155, F.S.

Manoj Manwani

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)