

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.

(((H23000363288 3)))



H2**30**003632883ABC2 -

To:	The state of the s	V. W.		——————————————————————————————————————	(1997) (1997)
	Division of Corporations Fax Number : (850)617-6381			ox.	
From:	, ,				ST ST
	Account Name : LAZARUS CORPORA Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	TE FILING SERVICE	, INC.	MACE.	
**Ent	er the email address for this busi annual report mailings. Enter only	ness entity to be one email addres	used for ss pleaso	r future	111
	Email Address:				71 (9) 1- 1 1
- Sanda a March - Park	Email Address:				10/16 10/16
ni sii 17 Aigen Ti gili 1	Email Address:	LIABILITY CO),		10/19
rkakersk op i sir e),	······································	/
rkanskarð ar	FLORIDA LIMITED),	,	10/16
r k who t s siene de siene	FLORIDA LIMITED MICHIGAN E),	- 70 - 70 - 70 - 70 - 70 - 70 - 70 - 70	10/K
e i sain y più en l'e l'alle	FLORIDA LIMITED MICHIGAN E	LITE LLC		SEC.	10/16 10/16
	FLORIDA LIMITED MICHIGAN E Certificate of Status Certified Copy	LITE LLC 1 0		SECRETATION TALLAHA	
o Cabo (Alexandra A	FLORIDA LIMITED MICHIGAN E) Certificate of Status Certified Copy Page Count	LITE LLC		SECRETARY TALLAHASA	

Florida Department of State

Attention: New Filings Section

To whom it may concern:

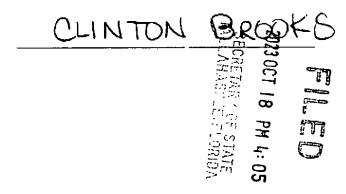
This is to advise that the owners of

MICHIGAN ELITE, INC of Document # P18000042147

are the same owners of the attached articles. We have no intention of reopening it.

Thank you for your help in this matter.

Thanks,



ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,

Michigan Elite LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability

700 S Rosemary St - Suite 204

West Palm Beach, FL 33401

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity

Clinton Brooks

1510 El Tair Trl

Clearwater, FL 33765

ARTICLE IV-

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

Clinton Brooks - AMBR

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Clinton Brooks
Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE