

NATIONSCORP REGISTERED AGENTS, INC.  
526 East Park Avenue, Suite 200  
Tallahassee, FL 32301

296000001113

OFFICE USE ONLY (Document #)

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

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-10/25/96--01110--001  
\*\*\*\*285.00 \*\*\*\*285.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Manufactured LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

File First  
RECEIVED  
96 OCT 18 PM 3:15  
DIVISION OF CORPORATION  
FILED  
96 OCT 18 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AB 10/21  
Examiner's Initials

## **ARTICLES OF ORGANIZATION**

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Manufactured LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

1835 University Boulevard, Suite 200  
Hyattsville, MD 20783

### **ARTICLE III - Duration:**

The latest date upon which the Company shall be dissolved and its affairs wound up is December 31, 2060.

### **ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Sidney J. Brown  
1835 University Boulevard, Suite 200  
Hyattsville, MD 20783

### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Per the terms and provisions of a written operating agreement by and between the members.

### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Per the terms and provisions of a written operating agreement by and between the members.

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### **AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned managing member of Manufactured LLC deposes and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is \$ 9.80;
- 3) if any, the agreed value of property other than cash contributed by members is \$0;
- 4) the total amount of cash or property anticipated to be contributed by members is \$ 9.80. This total includes amounts from 2 and 3 above.

  
Sidney J. Brown, Managing Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILING FEE: \$250 for Articles of Organization and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OF-  
FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: \_\_\_\_\_

\_\_\_\_\_  
MANUFACTURED LLC

2. The name and address of the registered agent and office is:

\_\_\_\_\_  
HIQ CORPORATE SERVICES, INC.

(Name)

\_\_\_\_\_  
526 EAST PARK AVENUE SUITE 200

(P.O. Box not acceptable)

\_\_\_\_\_  
TALLAHASSEE FLORIDA 32301

(City/State/Zip)

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*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.*

HIQ CORPORATE SERVICES, INC.

BY: \_\_\_\_\_

(Signature)

10/17/96

(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**