SCL/CD-700 (Rev. 09/21)	,			08
MICHIGAN	I DEPARTMENT OF LICEN ATIONS, SECURITIES & C			
Date Received	AC1	(FOR BUREAU USE ONLY) ocument is effective on the date filed, unless a quent effective date within 90 days after received		
SEP 0 6 2022				
_{ame} manda Williams				25160045-1 09/01/22 Aut: \$50.00
ddress				CARROLL PC
14 Vista Dr.				1
ackson	State MI	ZIP Code 49203	EFFECTIVE DATE:	FILED
(¿) Document will b	e returned to the name and address yo document will be returned to the regist	u enter above. 🥎		SEP 07 2022
	ARTICLES OF ORGANIZED by Domestic Limited Liab	ility Companies		ADMINISTRATOR CORPORATIONS DIVIS
rsuant to the provision	e read information and instruction ns of Act 23, Public Acts of 1993,		ites the following Article	s:
RTICLE I	d liability company is: 3801 Anr	Arbor Rd IIC	<u>.</u>	_
RTICLE II			<u>-</u>	
ommercial/resider	company may be formed under the	e clinited clabinly Com	party Act of Mildingali.	
RTICLE III				
ne duration of the IIM	ited liability company if other than	i perpetual is:		
RTICLE IV	<u> </u>			
The name of the res	sident agent at the registered offic	e is: Amanda Willia	ams	
	of the location of the registered of			
314 Vista Dr.	_	Jackson		49203
(Street Address)	•	(City)	———— , Michigan	(Zip Code)
The mailing address	s of the registered office if differer	nt than above:		
(P.O. Box or Street A	ddraes	(City)	, Michigan	(Zlp Code)
(F.O. BOX 01 GU961 A		(Oily)		
	y desired additional provision auti		ch additional pages if ne	
	20	A		
Sign	ed this day of	August		<u> </u>
Ву		- P47_		
Sea	an F. Carroll (attorney)	ignature(s) of ganizer(s))		
		Print Name(s) of Organizer(s))	<u> </u>	

