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ACCOUNT NO. : 072100000032

REFERENCE : 700133 4722080

AUTHORIZATION : *Patricia Pigino*

COST LIMIT : \$ 125.00

ORDER DATE : May 17, 2000

ORDER TIME : 8:35 AM

ORDER NO. : 700133-005

400003261984--9

CUSTOMER NO: 4722080

CUSTOMER: Michael R. Weremblewski, Esq  
LIPSITZ, GREEN, FAHRINGER, ROLL  
LIPSITZ, GREEN, FAHRINGER, ROLL  
42 Delaware Avenue  
Suite 300  
Buffalo, NY 14202

DOMESTIC FILING

NAME: THREE HANDS, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: \_\_\_\_\_

*WCS/2L*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 MAY 22 PM 1:46

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

THREE HANDS, LLC

## ARTICLE II - Address:

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

1201 Hays Street, Tallahassee, Florida 32301

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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 <b>NOT</b> acceptable)		
Tallahassee	FL	32301
City, State, and 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 608, F.S..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

Laura R. Dunlap  
Typed or printed name of signee

### FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

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00 MAY 22 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA