FALCON DEVELOPMENTS 8

Wednesday, February 28, 2001

Lee Rivers Florida Department of State PO Box 6327 Tallahassee, FL 32314

Dear Lee:

Enclosed is a article of Organization for a Limited Liability Company in the name of "My cousin Vinnie's LLC". We request that this company name be established as sat as possible, and that information be sent to the address listed on the bottom of this letter as soon as the LLC is established. I thank you in advance for your cooperation in this matter

Sincerely,

Angel Murphy

written for Matthew Falconer

EGRETARY OF STATE

101-4038

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 6, 2001

ANGEL MURPHY 1701 CHELTENBOROUGH DRIVE ORLANDO, FL 32835

SUBJECT: MY COUSIN VINNIE'S, LLC

Ref. Number: W0100005086

We have received your document for MY COUSIN VINNIE'S, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 301A00013633

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TICLE I - Name:
The name of the Limited Liability Company is:
my Cousin Vinnies, LLC
RTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
701 Cheltenborough Drive
inlando, Fr. 32835
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
matthew Falconer
Name Name
Florida street address (P.O. Box NOT acceptable)
マックンへつ 下 H メラメデ ニュ
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
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
M Ale
Registeren 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.
money, a manager manager overpassy.
(A - a dditional action amount he attend if an affording data is manuscrad)
(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.)
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)