

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90001 005 ****50.00

**LIMITED LIABILITY
COMPANY**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006

DOCUMENT # L04000057882

1. Limited Liability Company's Name

Three, LLC

20012351

CR2E041 (8/05)

2. Principal Office Address

28 Cordova St.
Suite, Apt. #, etc.

3. Mailing Office Address

28 Cordova St.
Suite, Apt. #, etc.

City & State

St. Augustine, FL
Zip Country

32084 US

City & State

St. Augustine, FL
Zip Country

32084 US

4. State/Country of Formation

Florida, US

**5. Date Organized or Qualified
To Do Business in Florida**

2/28/05

6. FEI Number

202098152

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alexander R. Christine, JR.

Street Address (P.O. Box Number is Not Acceptable)

28 Cordova Street

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Alexander Christine	28 Cordova St. Suite B	St. Augustine, FL 32084
MEM	Ralph J. Larizza	1510 N. Peace Haven Blvd	St. Augustine, FL 32084
MEM	Margo Greer	28 Cordova St	St. Augustine, FL 32084

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**Signature of
Managing Member/Manager**

Date

1/21/06

Daytime Phone #

904-669-7410

Typed or printed name of signing Managing Member/Manager

Margo Greer