

Public Access System

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax: Number : (850)205-0383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)222-9428

LIMITED LIABILITY COMPANY

Three and Three LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate filling

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SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA LIMPTED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Three and Three	se LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2436 N. Federal Highway #406	2436 N. Federal Highway #4
Lighthouse Point, FL 33064	Lighthouse Point, FL 33064
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•	
	•
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re-	Office, & Registered Agent's Signature: gistered agent are:
The name and the Florida street address of the re	gistered agent are:
ARTICLE III - Registered Agent, Registered of the registered and the Florida street address of the re	gistered agent are:
The name and the Florida street address of the re	gistered agent are:
The name and the Florida street address of the re-	gistered agent are: on System Island Road
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O.	gistered agent are: on System Island Road Box NOT acceptable)
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O.	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324
The name and the Florida street address of the re CT Corporation Name 1200 South Pine Florida street address (P.O. Plantation City, State, and	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324 d Zip
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O. Plantation City, State, and been named as registered agent and to accept serving at the place designated in this certificate, I hereby	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324 d Zip ice of process for the above stated limited liability of accept the appointment as registered agent and
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O. Plantation City, State, and been named as registered agent and to accept serving at the place designated in this certificate, I hereby act in this capacity. I further agree to comply with	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324 d Zip ice of process for the above stated limited liability of accept the appointment as registered agent and the provisions of all statutes relating to the proper
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O. Plantation City, State, and been named as registered agent and to accept serving at the place designated in this certificate, I hereby act in this capacity. I further agree to comply with applete performance of my duties, and I am familiar	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324 d Zip ice of process for the above stated limited liability of accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O. Plantation City, State, and been named as registered agent and to accept serving at the place designated in this certificate, I hereby act in this capacity. I further agree to comply with applete performance of my duties, and I am familian registered agent as provided for in Charlest agent agent as provided for in Charlest agent ag	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324 d Zip ice of process for the above stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as lapter 608, Florida Statutes.
The name and the Florida street address of the re CT Corporation Name 1200 South Pina Florida street address (P.O. Plantation City, State, and been named as registered agent and to accept serving at the place designated in this certificate, I hereby act in this capacity. I further agree to comply with applete performance of my duties, and I am familian registered agent as provided for in Charlest agent agent as provided for in Charlest agent ag	gistered agent are: on System Island Road Box NOT acceptable) FLORIDA 33324 d Zip ice of process for the above stated limited liability of accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as

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FL092 - 02/27/04 GT System Online

2004 AUG 11 A 9: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE IV. Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Craig Ranger 2436 N. Federal Highway #406 Lighthouse Point, FL 33064
MGRM	Denise Bauer 2436 N. Federai Highway #406 Lighthouse Point, FL 33064
-	
(Use attachment if necessary)	, ,

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a mentiter 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 berein are true.)

C. Randolph Holladay

Typed or printed name of signce

Hing Peer:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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