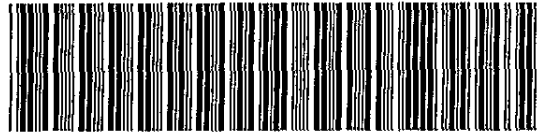


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600040293066

08/23/04--01049--002 **160.00

(Requestor's Name)



Barbara Sterglades
4205 Intracoastal Dr.
Highland Beach, FL 33487-4209

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cousins Too, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4205 Intracoastal Dr

4205 Intracoastal Dr.

Highland Beach, FL 33487

Highland Beach, FL 33487

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

The name and the Florida street address of the registered agent are:

Barbara Stergiades
Name

4205 Intracoastal Dr

Florida street address (P.O. Box **NOT** acceptable)

Highland Beach FLORIDA 33487
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, Florida Statutes..

Barbara Stergiades
Registered Agent's Signature

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

Barbara Stergiades
4205 Intracoastal Dr.
Highland Beach, FL 33487

MGRM

Susan Daskalos
620 S. Mississippi
Mason City, Iowa 50401

MGRM

Penelope Daskalos
4205 Intracoastal Dr.
Highland Beach, FL 33487

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Barbara Stergiades
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.)

Barbara Stergiades
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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)