

L060000016143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

2/6

FL LC

Office Use Only



200065148792

02/06/06 --01042--018 \*\*160.00

FILED  
06 FEB -5 PM 1:38  
TALLAHASSEE, FL 32309

FILED

FILED

M. HODGES

## TRANSMITTAL LETTER

ATX1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THREE COUSINS, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR DAVID  
(Name of Person)

THREE COUSINS, LLC  
(Firm/Company)

5785 LAGO VILLAGGIO WAY  
(Address)

NAPLES, FL 34104  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR DAVID at 239-352-4254  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
--	---	---	--

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

THREE COUSINS, LLC

ATX1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

THREE COUSINS, 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:

THREE COUSINS, LLC

5785 LAGO VILLAGGIO WAY

NAPLES, FL 34104

THREE COUSINS, LLC

5785 LAGO VILLAGGIO WAY

NAPLES, FL 34104

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

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

ARTHUR DAVID

Name

5785 LAGO VILLAGGIO WAY

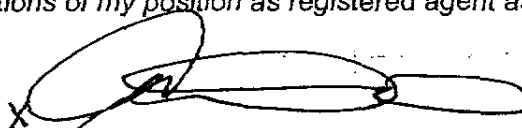
Florida street address (P.O. Box **NOT** acceptable)

NAPLES

FL 34104

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

(CONTINUED)

FILED  
03 FEB -5 PM 1:38  
TREASURY, SEC. OF 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

ARTHUR DAVID

5785 LAGO VILLAGGIO WAY

NAPLES, FL 34104

MGRM

STEPHEN J. MARMON

233 SOUTH 44 STREET

PHILADELPHIA, PA 19104-2929

MGRM

JUDD R. MARMON

27 SYCAMORE RD.

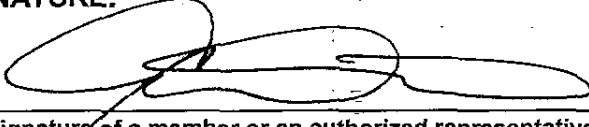
SCARSDALE, NY 10583

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X

  
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.)

ARTHUR DAVID

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)