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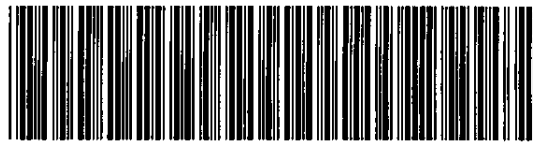
(Business Entity Name)

(Document Number)

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J. BRYAN FEB 22 2007

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BRASHEAR & ASSOC. P.L.
C o u n s e l o r s A t L a w

926 N.W. 13th Street
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BRUCE BRASHEAR
ANNIKA D. WALLACE

Of Counsel
LARRY D. MARSH
Florida Bar Board Certified Tax Lawyer

February 19, 2007

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: CALIFORNIA COUSINS, LLC

Gentlemen:

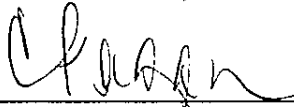
Please find the original and one (1) copy of the Articles of Organization for the above-referenced limited liability company, as well as our check in the amount of \$155.00 representing the following:

| | |
|--|-----------|
| Filing Fee | \$ 100.00 |
| Certificate Designating Resident Agent | 25.00 |
| Certified Copy of Articles of Organization | 30.00 |

After filing the original Articles of Organization, please certify the enclosed copy and return same to this office.

Sincerely,

BRASHEAR & ASSOC., P.L.

By: 
Carrie Fagan, Legal Assistant

Enclosures

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**ARTICLES OF ORGANIZATION
OF
CALIFORNIA COUSINS, LLC**

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

**ARTICLE I
NAME OF COMPANY**

The name of the limited liability company is California Cousins, LLC (the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall terminate on December 31, 2107.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is 1221 N.W. 4th Avenue, Gainesville FL 32601. The name and address of the Company's initial registered agent in the State of Florida is Amanda M. Burks, 1221 N.W. 4th Avenue, Gainesville FL 32601.

**ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the unanimous approval of the members entitled to vote.

**ARTICLE V
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, unless within

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ninety (90) days after such event all of the remaining members agree in writing to continue the business of the Company.

ARTICLE VI MANAGEMENT

The Company will be managed by the Managers in accordance with the Company's regulations. The names and business addresses of the Managers are as follows:

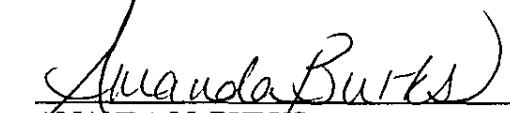
| <u>Name</u> | <u>Address</u> |
|----------------------|---|
| Amanda M. Burks | 1221 N.W. 4 th Avenue Gainesville FL 32601 |
| Katharine A. Burks | 13265 S.W. 3 rd Avenue Newberry FL 32669-3089 |
| Katharine A. Chronic | 9906 S.W. 89 th Street Gainesville FL 32608 |

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ARTICLE VII PURPOSE

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 19TH DAY OF FEBRUARY, 2007.


AMANDA M. BURKS

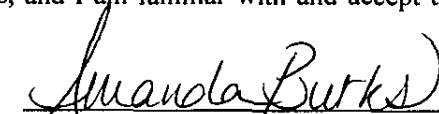
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CALIFORNIA COUSINS, LLC.
2. The name and address of the registered agent and office is:

AMANDA M. BURKS
1221N.W. 4th Avenue
Gainesville FL 32601

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.



AMANDA M. BURKS, Registered Agent

Date: February 19, 2007

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