Division of Corporations Public Access System

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

FIVE COUSINS INVESTMENTS, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FIVE COUSINS INVESTMENTS, LLC		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:	٠
1825 MAIN STREET, SUITE 105 WESTON, FLORIDA 33326	SAME	134 - 155 -
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signs sof the registered agent are:	O7 APR
s	SCOTT ROSS	ASSI ASSI
	Name	开写 豆
1825 MA	IN STREET, SUITE 105	8: 50 STAT FLORI
Florida street address (P.O. Box NOT acceptable)		종년 종년 <b>59</b>
WESTON, FL 33326 FL		<b>&gt;</b>
Ci	ity, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	nt and to accept service of process for the above nated in this certificate, I hereby accept the app is capacity. I further agree to comply with the pimplete performance of my duties, and I am faming as registered agent as provided for in Chapte and Agent's Signguate	pointment as provisions of all iliar with and

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No. 6944 P. 3/3

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	EDWARD ROSS 600 OLD COUNTRY ROAD
	GARDEN CITY, NEW YORK 11530

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SCOTT ROSS

Typed or printed name of signes

SECRETAIN OF STATE

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