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B. KOHR
APR - 9 2010
EXAMINER

SECRE FARY OF STATE STATES OF CORPORATIONS

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	ECT: Three-Some Name of Lin	LLC ited Liability Company
The end	closed Articles of Organization and fee(s) ar	e submitted for filing.
Please r	return all correspondence concerning this m	atter to the following:
	LARRY RichAR	Name of Person
		Firm/Company
-	26 MEDALIST	Address
-	Rotonda West	City/State and Zip Code
_	ARRY 597 & CENTU	RUFEL NET
For furt	ther information concerning this matter, plea	se call:
LA	RRY Richards Name of Person	at (944) 2/4 8288 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
□\$12 5.0	00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is	
Three-Some LL (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26 MEDALIST LD ROTONDA WEST, Fl.	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
ARRY RICE	chards
26 ME A/13 Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
ROTONDA WES	TFL 33947 tate, and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Xgent's Signa	iture (REQUIRED)
u	

(CONTINUED)
Page 1 of 2

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	Name and Address:
"MGRM" = Managing Member	
MGRM	LARRY RICHARds 26 MEDALIST LN ROTONDA WEST, FI 33947
MGRM	GARY BURNEY 260 CADLY RJ ROFONDA WEST, Fl 33947
<u> M & R M</u>	Jim Thompson 196 TOURNAMENT ROTONDA WEST, F/ 33947
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	$O \cdot I = 0$

Filing Fees:

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

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Signature of a momber 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