

Charter Number Only

12-11-91 L 9500000 963

Requestor's Name  
Beggs & Vecchia S.U.I.T.A.  
Address  
2924 East Commercial Blvd  
Ft Lauderdale, FL 33308  
City State ZIP Phone  
772-5132

VALIDATION ONLY

FILED  
95 DEC 12 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

600001667296  
-12/21/95--01005--009  
\*\*\*337.50 \*\*\*337.50

Cousins L.L.C.



EMPIRE Toll Free: 1-800-432-3028

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                                   |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                                     |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Change of Registered Agent               |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Annual Report      | <input checked="" type="checkbox"/> Other Limited Liability Comp. |
| <input type="checkbox"/> Reservation               | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> Certificate Under Seal                   |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready    | <input type="checkbox"/> After 4:30                               |
| <input type="checkbox"/> Call If Problem           | <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Mail Out                                 |
| <input type="checkbox"/> Will Wait                 | <input checked="" type="checkbox"/> Pick Up |   |

Name
Availability
Document
Examiner
Updater
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W.P. Verifier

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COPY

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TALLAHASSEE, FLORIDA

F. CHESSER DEC 12 1995

ARTICLES OF ORGANIZATION

OF

COUSINS L.L.C

\*\*\*\*\*

ARTICLE I - NAME

The name of this company is: COUSINS L.L.C.

ARTICLE II - DURATION

This company shall have perpetual existence, commencing on the date of filing of these Articles.

ARTICLE III - PURPOSE

This Limited Liability Company is organized for the purpose of transacting any and all lawful business authorized to Limited Liability Companies organized in Florida.

ARTICLE IV - MEMBER CERTIFICATES

This Company is authorized to issue Certificates of Beneficial Interest with no-par value.

ARTICLE V - PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the Limited Liability Company's principal office is: BARNETT BANK TOWER, PENTHOUSE SUITE A, 2929 EAST COMMERCIAL BOULEVARD, FT. LAUDERDALE, FLORIDA 33308.

ARTICLE VI - INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent of this Limited Liability Company is: JOSEPH A. VECCHIO, JR., and the street address of the initial registered office of this Limited Liability Company in the State of Florida is: BARNETT BANK TOWER, PENTHOUSE SUITE A, 2929 EAST COMMERCIAL BOULEVARD, FT. LAUDERDALE, FLORIDA 33308.

ARTICLE VII - INITIAL CAPITAL CONTRIBUTION

THE TOTAL INITIAL CAPITALIZATION OF COUSINS L.L.C. is TWENTY THOUSAND AND NO/100 (\$20,000.) DOLLARS. Each initial member subscribes for ONE (1) certificate at the agreed capital contribution amount. Each initial member capital contribution is to be paid to the company in the sum of TEN THOUSAND AND NO/100 (\$10,000.00) DOLLARS.

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#### ARTICLE VIII - ADDITIONAL MEMBERS

In a manner provided by the company, additional members may be admitted to the company only upon the unanimous consent of current members, and only upon payment in full of an amount unanimously agreed to by the current members.

#### ARTICLE IX - MEMBERS RIGHT TO CONTINUE BUSINESS

Notwithstanding Article II, the company will automatically dissolve upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company. In such event, the remaining members of the company shall have the right to continue the business only if there is unanimous consent of the remaining members.

#### ARTICLE X - MANAGEMENT OF THE COMPANY

The management of COUSINS L.L.C. shall be vested in the members and the name and address of the managing member is OSCAR ABOLAFIA, 2300 West Copans Road, Pompano Beach, Broward County, Florida 33069.

#### ARTICLE XI - AMENDMENT

The members reserve the right to amend or repeal any provisions contained in these Articles of Organization or any amendment thereto. Any right conferred upon a member is subject to this reservation. The amendment shall be signed and sworn to by all members, and an amendment adding a new member shall be signed also by the member to be added.

#### ARTICLE XII - REGULATIONS OF THE COMPANY

The power to adopt, alter, amend or repeal the REGULATIONS of COUSINS L.L.C. shall be vested in the members of the company.

#### ARTICLE XIII - RESTRICTION ON TRANSFER

No member may transfer or assign his interest in this limited liability company except upon unanimous consent of existing members.

#### ARTICLE XIV - CAPITAL CONTRIBUTION REDUCTIONS OR WITHDRAWALS

Property or cash of this company may be utilized to pay a member who has demanded his or its contribution in the manner prescribed by and provided in the REGULATIONS of the company.

**ARTICLE XV - INITIAL MEMBERS**

The initial members and organizing members of COUSINS L.L.C. are as follows:

OSCAR ABOLAFIA, 2300 W. COPANS RD., POMPANO BEACH,  
FL. 33069

JOSEPH A. VECCHIO, JR., BARNETT BANK TOWER, PH. A.  
2929 E. COMMERCIAL BOULEVARD  
FT. LAUDERDALE, FL. 33308

IN WITNESS WHEREOF, the undersigned subscribing members have executed these Articles of Organization this 11 day of Dec, 1995.

  
OSCAR ABOLAFIA, MEMBER

  
JOSEPH A. VECCHIO, JR., MEMBER

STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County aforesaid personally appeared JOSEPH A. VECCHIO, JR., personally known to me and executed the foregoing Articles of Organization and acknowledged before me that he executed the Articles of Organization.

WITNESS my hand and official seal in the State and County aforesaid this 11 day of Dec 1995.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Printed Name: \_\_\_\_\_

JANICE L. RUDOLF

MY COMMISSION # CC 237080 EXPIRES  
October 20, 1996

BONDED THRU TROY FAIN INSURANCE, INC.



STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County aforesaid personally appeared OSCAR ABOLAFIA personally known to me and executed the foregoing Articles of Organization and acknowledged before me that he executed the Articles of Organization.

WITNESS my hand and official seal in the State and County aforesaid this 11 day of Dec 1995.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

Printed Name: \_\_\_\_\_

JANICE L. RUDOLF

MY COMMISSION # CC 237080 EXPIRES  
October 20, 1996

BONDED THRU TROY FAIN INSURANCE, INC.



**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

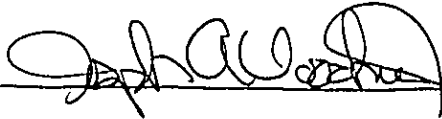
1. The name of the limited liability company is:

COUSINS L.L.C.

2. The name and address of the registered agent and office is: JOSEPH A. VECCHIO, JR., ESQ., BEGGS & VECCHIO, ATTORNEYS AT LAW, BARNETT BANK TOWER, PENTHOUSE A, 2929 E. COMMERCIAL BOULEVARD, FT. LAUDERDALE, FLORIDA 33308 (BROWARD COUNTY).

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.

Signature: \_\_\_\_\_




Dated: 12-11-95

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TALLAHASSEE, FLORIDA

THE UNDERSIGNED member or authorized representative of a member of COUSINS L.L.C. deposes and says:

1. The above named limited liability company has ~~at~~ <sup>off</sup> least two members.
2. The total amount of cash contributed by the member(s) is: \$20,000.00.
3. If any, the agreed value of property other than cash contributed by member(s) is: \$ 0.00 (ZERO). A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by member(s) is \$20,000.00. This total includes amounts from 2 and 3 above.

  
Signature of a member of  
authorized representative of member

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

SWORN TO AND SUBSCRIBED before me by Joseph A. Vecchio Jr.  
personally known and/or who presented \_\_\_\_\_ as  
~~identification~~ OK

NOTARY PUBLIC

MY COMMISSION EXPIRES:



JANICE L. RUDOLF  
MY COMMISSION # CC 237080 EXPIRES  
October 20, 1996  
BONDED TO TROY FARM INSURANCE, INC.

LIMITED LIABILITY COMPANY FLORENCE A DIVISION OF STATE  
ANNUAL REPORT Sandra Mossman Secretary of State  
1996 DIVISION OF CORPORATIONS

96 FEB 16 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>FILING FEE</b> <b>\$ 238.75</b>	Annual Report \$100.00 + \$138.75 Corporation Supplier Rental Fee
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

**1. Name and Mailing Address  
of Limited Liability Company**

**DOCUMENT #L95000000963**

COUSINS L.L.C.  
2929 E COMMERCIAL BLVD PH A  
FT LAUDERDALE FL 33308

1a. Principal Place of Business Address

2929 E COMMERCIAL BLVD PH A  
FT LAUDERDALE FL 33308

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/12/1995		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		5. Date of Last Report		6. Certificate of Status Desired	
Country		Country		65-0631360		<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Revoked <input type="checkbox"/> Suspended <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other	

7. Name and Address of Current Registered Agent

**5. Name and Address of New Registered Agent**

VECCHIO, JOSEPH A JR  
2929 E COMMERCIAL BLVD PH A  
FT LAUDERDALE FL 33308

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

**SIGNATURE**

DATE \_\_\_\_\_

(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ABOLAFIA, OSCAR	2300 W COPANS ROAD	POMPANO BEACH FL
MEM	VECCHIO, JOSEPH A JR	2929 E COMMERCIAL BLVD PH	FT LAUDERDALE FL
		2/21/96a	200001721182 -02/22/96--01025--016 ****238.75 ****238.75

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

On

**Deborah M. Stinson**