

D2000000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

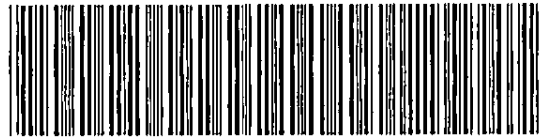
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/31/20--01001--012 **358.75

20 JAN 31 PM 1:37

2020 JAN 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 31 2020
K Brumby



Filing Cover Sheet

To: Florida Division of Corporations

From: TAYLOR SEAY C/O Capitol Services, Inc.

Date: 1/30/2019

Trans#: 1106008

Entity Name: COVE MIAMI MULTIFAMILY DST

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification (XX - TRUST)

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

STATE FEES PREPAID WITH CHECK#1739 FOR \$358.75

PLEASE RETURN:

Certified Copy (XX)

Plain Photocopy ()

Good Standing ()

Certificate of Fact ()

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

Cove Miami Multifamily DST

A Delaware statutory TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of Cove Miami Multifamily DST, a

Delaware statutory (Name of Trust)
Trust hereby affirms in order to file or qualify

(State)
Cove Miami Multifamily DST, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.

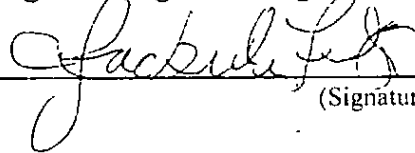
2. The principal address is 46-E. Peninsula Center Dr. #382

Rolling Hills Estates, CA 90274

3. The registered agent and street address in the State of Florida is:
InCorp Services, Inc.

17888 67th Court North, Loxahatchee, FL 33470

4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.

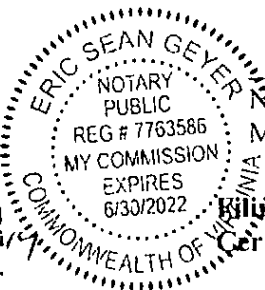


Jackie DeFilippis on behalf of InCorp Services, Inc.

(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.

County/City of Chesterfield NOTARY
Commonwealth/State of Virginia
The foregoing instrument was subscribed and
sworn before me this 29 day of January,
2020 by Chris Sorensen
(name of person seeking acknowledgement)



Name: Chris Sorensen
Manager of Sorensen Entity Services LLC, a trustee

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)

Notary Public
My commission expires: 06/30/22

FILED
2020 JAN 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF STATUTORY TRUST REGISTRATION OF
"COVE MIAMI MULTIFAMILY DST", FILED IN THIS OFFICE ON THE
TWENTY-SECOND DAY OF JANUARY, A.D. 2020, AT 4:20 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7813180 8100
SR# 20200684680

Authentication: 202293029
Date: 01-30-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:20 PM 01/22/2020
FILED 04:20 PM 01/22/2020
SR 20200471201 - File Number 7813180

STATE *of* DELAWARE CERTIFICATE *of* TRUST

This Certificate of Trust is filed in accordance with the provisions of the Delaware Statutory Trust Act (Title 12 of the Delaware Code, Section 3801 et seq.) and sets forth the following:

• **First:** The name of the trust is Cove Miami Multifamily DST

• **Second:** The name and address of the Delaware trustee is

Sorensen Entity Services LLC, located at 1201 N. Orange Street, Suite 7044,
Wilmington, Delaware 19801-1189.

• **Third:** (Insert any other information the trustees determine to include therein.)

SORENSEN ENTITY SERVICES LLC

By: 

Trustee(s)

Chris Sorensen, Manager of Sorensen
Name: Entity Services LLC, the Delaware trustee
Typed or Printed