

# D21000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

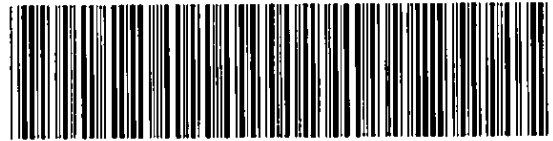
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



100365982161

RECEIVED  
TALLAHASSEE, FL  
SECTION 1001 STATE

2021 MAY 11 PM 12:19

RECEIVED

05/11/21--01010--002 \*\*367.50

RECEIVED  
TALLAHASSEE, FL  
SECTION 1001 STATE

2021 MAY 11 AM 8:36

RECEIVED

42 S/12/12



## **Filing Cover Sheet**

**To:** Florida Division of Corporations

**From:** LESLIE SELLERS C/O Capitol Services, Inc.

**Date:** 5/10/2021

**Trans#:** 1202220

**Entity Name:** COVE COCOA DIALYSIS 31 DST

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion ( )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other (XXX) \*\*\*DECLARATION OF TRUST

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

**STATE FEES PREPAID WITH CHECK #2202 FOR \$367.50**

**PLEASE RETURN:**

**Certified Copy (XXX)    Plain Stamped Copy ( )**

**Good Standing (XXX)    Certificate of Fact ( )**

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

Cove Cocoa Dialysis 31 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 Cocoa Dialysis 31 DST, a

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

Cove Cocoa Dialysis 31 DST in the State of Florida.  
(Name of Trust)

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

2. The principal address is 21515 Hawthorne Blvd, Suite 360

Torrance CA 90503

3. The registered agent and street address in the State of Florida is:

Capitol Corporate Services, Inc.

515 E. Park Avenue, 2nd FL

Tallahassee, FL 32301

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.

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate 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.

Chris Sorensen

Manager of Sorensen Entity Services LLC, a trustee

Filing Fee: **\$350.00**

Certified Copy: **\$ 8.75 (optional)**

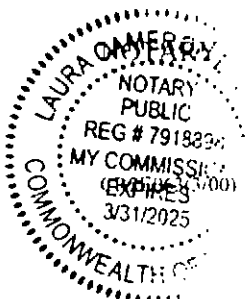
County/City of Chesterfield  
Commonwealth/State of Virginia

The foregoing instrument was acknowledged  
before me this 6 day of May,

2021 by  
Christopher Sorensen  
(Name of person seeking acknowledgement)

Laura Burton  
Notary Public

My Commission Expires: 3/31/25



2021 MAY 11 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "COVE COCOA DIALYSIS 31 DST" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF STATUTORY TRUST REGISTRATION, FILED THE TWENTY-NINTH DAY OF APRIL, A.D. 2021, AT 5:38 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID STATUTORY TRUST, "COVE COCOA DIALYSIS 31 DST".



5885568 8100H  
SR# 20211585480

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203122831  
Date: 05-04-21

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:38 PM 04/29/2021  
FILED 05:38 PM 04/29/2021  
SR 20211521166 - File Number 5885568

## 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 Cocoa Dialysis 31 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