Division of Corporations

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : MIDLAND ENTERPRISES, INC./PARALEGAL ASSOCIATES

Account Number : I19990000034 Phone : (954)565-7723 Fax Number : (954)568-6771 OO HAY TO AM 7: 31

LIMITED LIABILITY COMPANY

Coconut Grove Properties, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

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H0000000 25 8871 ARTICLES OF ORGANIZATION

OF

COCONUT GROVE PROPERTIES, LLC.

ARTICLE ONE NAME

The name of the limited liability company shall be COCONUT GROVE PROPERTIES, LLC.

ARTICLE TWO PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is 1960 Augusta Terrace, Coral Springs, Florida 33071

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE THREE

The name and Florida street address of the registered agent are: Grace Mamone of 1960 Augusta Terrace, Coral Springs, Florida 33071

MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a managermanaged company. The name and address of the manager of this company will be Grace Mamone of 1960 Augusta Terrace, Caral Springs, Florida 33071

Signed by member

or an authorized representative of a member

Grace Mamone

Dated

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. as provided for in Chapter 608, F.S.

Signed Grace Mamone

Registered Agent

05/02/00.

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COCONUT GROVE PROPERTIES, LLC. 1960 Augusta Terrace, Coral Springs, Florida 33071