

L0000000 6256

Florida Department of State
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

LIMITED LIABILITY COMPANY

Grove Resort Partnership, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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00 MAY 31 AM 11:14
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
GROVE RESORT PARTNERSHIP, LLC**

ARTICLE ONE NAME

The name of the Limited Liability Company shall be
GROVE RESORT PARTNERSHIP, LLC

ARTICLE TWO PRINCIPAL OFFICE


The mailing address and the street address of the principal office of the Limited Liability company is: 2801 Florida # 209, Coconut Grove, Florida 33133

ARTICLE THREE INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent are
Kathy Dicquemare of 2801 Florida # 209, Coconut Grove, Florida 33133

ARTICLE FOUR MANAGER(S) AND STREET ADDRESS

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager- managed company. The name and address of the manager of this company will be Kathy Dicquemare of 2801 Florida # 209, Coconut Grove, Florida 3133


Signed by member
or an authorized representative of a member
Kathy Dicquemare


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 Kathy Dicquemare
Registered Agent


Dated

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TALLAHASSEE, FLORIDA

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