

# L01000010362

Cooper, Byrne, Blue & Schwartz LLC  
Requestor's Name

1358 Thomaswood Drive  
Address

Tallahassee FL 32308 850-553-4300  
City/State/Zip Phone #

Office Use Only

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TALLAHASSEE, FLORIDA

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE COVE DEVELOPMENT COMPANY LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-06/27/01--01001--005  
\*\*\*\*130.00 \*\*\*\*130.00

☒ Walk in

☒ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN 26 PM 3:13  
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SUFFICIENCY OF FILING

Examiner's Initials

*[Handwritten Signature]*

**ARTICLES OF ORGANIZATION**  
**OF**  
**THE COVE DEVELOPMENT COMPANY, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **THE COVE DEVELOPMENT COMPANY, LLC** (hereinafter referred to as the "Company").

1. **PERIOD OF DURATION.**

The period of duration of the Company shall be from the date of filing of its Articles of Organization until the first to occur of the following:

- (i) The date that is seventy-five (75) years from the date of filing of the Articles of Organization with the Department of State, State of Florida; or
- (ii) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Act; or
- (iii) By the mutual written agreement of a majority in capital interest of the Members.

2. **PURPOSE.**

The purpose for which the Company is organized is to engage in any businesses and activities permitted by the laws of the State of Florida. The Company shall have

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all of the powers vested in a limited liability company organized and existing by virtue of such laws.

3. **ADDRESS OF PLACE OF BUSINESS.**

The mailing address and the street address of the place of business for the Company is 1909-3 Capital Circle, N.E., Tallahassee, Florida 32308. Such address may be changed from time to time as provided in the Operating Agreement.

4. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is Michael D. Carruthers, and the initial registered office is located at 1909-3 Capital Circle, N.E., Tallahassee, Florida 32308.

5. **MEMBERS.**

The Company shall have at least one (1) Member, and may admit additional members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the Operating Agreement. The initial Members shall be Michael D. Carruthers and Michelle Carruthers.

6. **CONTINUITY OF BUSINESS.**

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 Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

7. **MANAGEMENT.**

Management of the Company shall be vested in its Members. The Members may elect a manager in the manner provided in any written operating agreement among all the Members. Any such Manager shall have the powers and authority expressly granted under the

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operating agreement. The initial Managing Member shall be Michael D. Carruthers, whose address is 1909-3 Capital Circle, N.E., Tallahassee, Florida 32308.

8. **INDEMNIFICATION.**


Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any Member or former Member to the full extent permitted under the Florida Limited Liability Company Act, as the same may be amended from time to time.

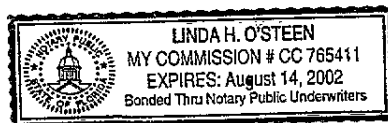
Executed at Tallahassee, Florida, in the 26<sup>th</sup> day of June, 2001.

  
Michael D. Carruthers  
Managing Member

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of June, 2001, by Michael D. Carruthers, who ( X ) are personally known to me or (     ) produced \_\_\_\_\_ as identification.

  
NOTARY PUBLIC - STATE OF FLORIDA  
LINDA H. O'STEEN  
PRINT, TYPE OR STAMP NAME OF  
My Commission expires:



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**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of THE COVE DEVELOPMENT COMPANY, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent by THE COVE DEVELOPMENT COMPANY, LLC.

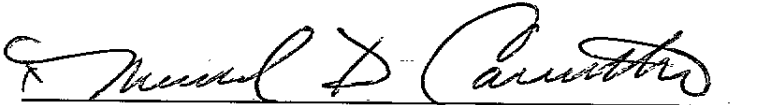
Executed this 26<sup>th</sup> day of June, 2001.

**REGISTERED AGENT:**



**Michael D. Carruthers**

**FOR THE LIMITED LIABILITY  
COMPANY:**



**Michael D. Carruthers  
Managing Member**

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