030000 44769

(Red	questor's Name)	
(Add	iress)	
(Add	iress)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	
		Jack
	Office Use Only	



500023246275

11/17/03--01050--022 **130.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cove Properties, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Larry Truy (Name of Person)
(Firm/Company)
235 E. Gulf Brach Dr. #A
St. Chrose 13) and, F7 30328 (City/State and Zip Code)
For further information concerning this matter, please call:
Avgs la [Vov] (Name of Person) at (850) 937 · 3 UO) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cove Properties	, LLC
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address:	Mailing Address:
Suite A St. Grorge Island, FL 32128	Sane
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	03
Larry Troy Name	
235 E. Gulf Brach Florida street address (P.O. Box NO	
57. Grove I Sland FL City, State, and Zip	33328

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..

Registered Agent's Signature

(CONTINUED)

03 MOV 17	DIAISIC 1 U. STATE
2	STATE TO STATE

ARTICL	EI	V- N	Aanager(s) or	Managing	Membere	(\mathbf{s})):
				~, ~~	***********	TIACITIC CT (,	/-

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Larry Troy 235 E. Gulf Brack Dr Und H St George Island, Pr 32328
mgr	Steven Seger
	235 B. Gulf Brach Dr Unit A
	Ste George Island, Fl 32328
	•
	
(Use attachment if necessary)	
(Obe accomment in necessary)	•
NOTE: An additional article must b	be added if an effective date is requested.
REQUIRED SIGNATURE:	
/	
Alla	1/2 (
Signature of a member	er or an authorized representative of a member

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)