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U.S. SECRETARY OF STATE  
DEPARTMENT OF STATE  
WASHINGTON, D.C. 20520-1204

04 MAR 16 PM 2:47

Paul Watkins

(Requestor's Name)

10 Marlin Dr.

(Address)

St. Augustine

(Address)

FL. 32080

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Install Pro

(Business Entity Name)

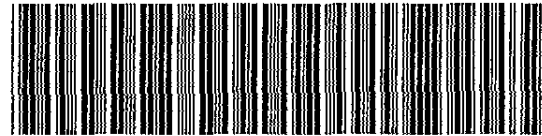
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DEPT. OF STATE  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TO: Registration Section  
Division of Corporations

SUBJECT: Cow Creek Properties L.L.C.  
(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:

James Abbott  
(Name of Person)

Cow Creek Properties L.L.C.  
(Firm/Company)

2115 Reef Dr.  
(Address)

St. Augustine, FL 32080  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Abbott at (904) 471-6288  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Cow Creek Properties LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2115 Reef Dr.  
St. Augustine, Florida  
32080

2115 Reef Dr.  
St. Augustine, Florida  
32080

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

James Abbott

Name

2115 Reef Dr.

Florida street address (P.O. Box NOT acceptable)

St. Augustine FL 32080

City, State, and Zip

*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..*

James Abbott  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

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TALLAHASSEE, FLORIDA

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

James Abbott  
8115 Reef Dr.  
St. Augustine, FL 32080

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

James Abbott

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)