

LOS000096430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

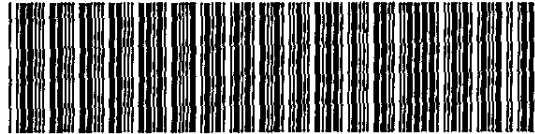
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SEP 26 2005  
05 SEP 26 AM 9:49  
CLERK OF SUPERIOR COURT  
JUDICIAL BRANCH 10  
STATE OF CALIFORNIA

B. McKnight SEP 30 2005

**SCHLOSSBERG  
& ASSOCIATES  
P.C.**

*Counsellors at Law*

Jeffrey M. Schlossberg  
George W. Skogstrom, Jr.  
Scott I. Wolf\*  
Denise A. Lambert  
Michael T. O'Neil  
Jenifer M. Pinkham  
Jay M. Rosen\*

Hon. Lewis L. Whitman  
(Ret.), Of Counsel

\*also admitted in Florida

September 19, 2005

Florida Department of State  
Registration Section  
Divisions of Corporations  
P O Box 6327  
Tallahassee, FL 32314

**RE: Southport Cove, LLC**

Dear Sir/Madam:

Enclosed please find an original Certificate of Organization for Southport Cove, LLC, a Florida Limited Liability Company, and a check made payable to the Division of Corporations in the amount of One Hundred Twenty-five (\$125.00) Dollars.

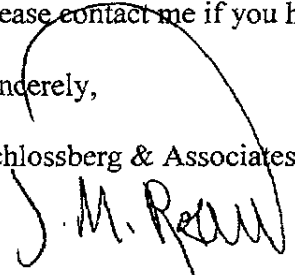
Kindly file the Certificate in your usual manner and return a date-stamped copy to:

Jay M. Rosen, Esquire  
Schlossberg & Associates, P.C.  
P.O. Box 850699  
Braintree, MA 02185-0699

Please contact me if you have any questions.

Sincerely,

Schlossberg & Associates, P.C.

  
Jay M. Rosen

JMR/ljt

Enclosure

35 Braintree Hill Office Park  
Suite 303  
P.O. Box 850699  
Braintree, MA 02185-0699  
Tel: 781 848 5028  
Fax: 781 848 5096

email@sabusinesslaw.com

cc: Jose Rocha, Manager  
Jeffrey M. Schlossberg, Esquire

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southport Cove, 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:

Jay M. Rosen, Esq.  
(Name of Person)

Schlossberg & Associates, P.C.  
(Firm/Company)

35 Braintree Hill Office Park, Suite 303  
(Address)

Braintree, MA 02184  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jay M. Rosen at ( 781 ) 848-5028  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Southport Cove, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

215 San Mateo Drive  
Bonita Springs, FL 34134

#### Mailing Address:

215 San Mateo Drive  
Bonita Springs, FL 34134

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

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

Jose Rocha

Name

215 San Mateo Drive

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

Bonita Springs FL, 34134

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.*

Jose Rocha  
Registered Agent's Signature

(CONTINUED)

05 SEP 26 AM 9:49  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Jose Rocha

215 San Mateo Drive

Bonita Springs, FL 34134

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Jose Rocha

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**