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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | • | | |
|--|------------------------------------|--|--|
| SUBJECT: <u>Caring</u> Re | al Estate une of Limited Liabil | Investors lity Company) | LLC |
| The enclosed Articles of Organization at | nd fee(s) are submitte | d for filing. | |
| Please return all correspondence concern | ing this matter to the | following: | |
| Michae | (Name of | Person) | |
| Caring Real | Estate (Firm/Co | Investors | |
| 1475 Kingsla | | | |
| Contonment | FL 3 | 2533 d Zin Code) | |
| | (Only/Dialo iii | a Lip Code) | |
| For further information concerning this r | natter, please call: | | |
| Michael E Eac (Name of Person) | ;+at (<u>8</u> | 50) 968-2 (Area Code & Daytime Telep | 829 Ohone Number) |
| Enclosed is a check for the following | amount: | | |
| \$125.00 Filing Fee \$130.00 Filing Certificate of | of Status Cer | 5.00 Filing Fee & tified Copy itional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Adda Registration Solvision of Co P.O. Box 632 Tallahassee, F | ection orporations 7 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | rcie |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AR | TIC | LE I | [- N | ame: |
|----|-----|------|-------|------|
|----|-----|------|-------|------|

The name of the Limited Liability Company is:

Coring Real Estate Investors LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| Contonment, FL 32533 | Cantonment, FL 32533 |
|--|--|
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | Office, & Registered Agent's Signature: red Agent. You must designate an individual or another |
| The name and the Florida street address of the re- | المستعلق المستعلم الم |
| Michael E. Name | East SSEOT A TI |
| 1475 Kingslake Florida street addre | Drive ess (P.O. Box NOT acceptable) |
| Contament City, State, an | FL 32533 d 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| <u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGR | Thomas W. East 1475 Kingslake Dr Contonment, FL 32533 |
| | |
| | |
| | |
| | the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | OT NOV 19 TALLAHASS |
| (In accordance with of this document co | section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true. |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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)