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COVER LETTER

TO: Registration Sect Division of Corpo			
ountror Cook Fa	mily Real Estate	e Investments, LLC	
SUBJECT:		ted Liability Company)	
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	dence concerning this mat	tter to the following:	
Jo Ann Cool	Κ		
	·	(Name of Person)	
Cook Family	y Real Estate In	vestments, LLC	
		(Firm/Company)	
420 11th Str	reet		
		(Address)	
Key Colony	Beach, FL 330	51	
	, (Ci	ty/State and Zip Code)	
For further information con	cerning this matter, pleas	e call:	
Jo Ann Cook		at 305 360-796	8
(Name of	Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the	he following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
]]]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Cook Family Real Estate Investme (Must end with the words "Limited Liabil	
ARTICLE II - Address:	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
420 11th Street, Key Colony Beach, FL 33051	P.O. Box 500021, Marathon, FL 33050
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re Jo Ann Cook	ered Agent. You must designate an individual or another
Name	
420 11th Street	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Key Colony Beach	_{FL} 33051
City, State, a	·
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and toreth agent as provided for in Chapter 608, F.S
	ITE (REQUIRED) ALLAHA T
	See of French See of Se
(CONTINI	IED)

Page 1 of 2

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

"MGR" = Manager "MGRM" = Managing Member MGRM Jo Ann Cook PO Box 500021 Marathon, FL 33050 (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: 2-03-09 effective date is listed, the date must be specific and cannot be more than five business days after the date of filing.) REQUIRED SIGNATURE: Stenture of 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.) Jo Ann Cook Typed or printed name of signee	<u>Title:</u>	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: 2-03-09 (OPTIONA effective date is listed, the date must be specific and cannot be more than five business day: 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Florida Statutes, the execution of his document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) JO Ann Cook Typed or printed name of signee		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)