

# L0900000 15469

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 Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
 Account Number : 072450003255  
 Phone : (305) 634-3694  
 Fax Number : (305) 633-9696

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TIME : 02/13/2009 05:05  
NAME : EMPIRE CORP KIT  
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TEL : 3056343694  
SER.# : BRC065J584820

TRANSMISSION VERIFICATION REPORT

409000034792

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
GREEN COVE MANAGEMENT, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: GREEN  
COVE MANAGEMENT, LLC**

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**ARTICLE II**

**The Company is organized for any legal and lawful purpose for  
which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company: 9424 SW 1<sup>st</sup> PLACE, GAINESVILLE, FL  
32607.**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
ZANA DUPEE, ESQ., BOGIN, MUNNS & MUNNS, P.A., 100 S.W. 75<sup>th</sup>  
STREET, #206, GAINESVILLE, FL 32607.**

**ARTICLE V**

**The name of the Managing Member(s) shall be:**

**MANAGING MEMBER  
JOSEPH NICHOLSON**

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

GREEN COVE MANAGEMENT, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
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.)

ZANA DUPEE

\_\_\_\_\_  
Typed or printed name of signee

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