

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ldressler@gmail.com

FLORIDA LIMITED LIABILITY CO.
COUNTRY COVE MHP, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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TALLAHASSEE, FLORIDAMAY 19 2014
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**ARTICLES OF ORGANIZATION
OF
COUNTRY COVE MHP, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Country Cove MHP, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 49 S.W. Flagler Avenue, Suite 201, Stuart, Florida 34994.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 100 W. Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

ARTICLE V - Management:

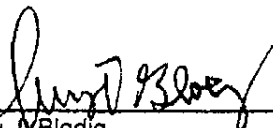
The Limited Liability Company is to be managed by a manager and the name and address of the initial manager who is to serve as manager is/are:

Bradley Dressler
49 S.W. Flagler Avenue
Suite 201
Stuart, Florida 34994

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The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned member has executed these Articles the 16th day of May, 2014



Gregory J. Blodig,
Authorized Representative of Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Country Cove MHP, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")
100 W. Cypress Creek Road, Suite 700
Fort Lauderdale, Florida 33309

By: _____

Gregory J. Blodig, For the Firm

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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.

Gregory J. Blodig, For the Firm

(Signature)

May 16, 2014

(Date)

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