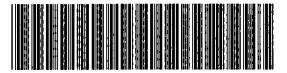
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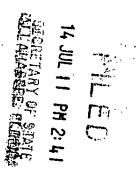
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JRM 7/11/14

COVER LETTER

Division of Corporations	
SUBJECT: Clove Real Estate, 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:	
Dana Davis Name of Person	
Name of Person	
Clove Real Estate, LLC	
Firm/Company	
3003 W. Jean St. Address	
Tampa, FL 33614 City/State and Zip Code	
·	
dmdavis11@hotmail.com E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
<u>Dana Davis</u> at (813) 376-0937	_
Name of Person Area Code Daytime Telephone Number	er e
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified (of Status &

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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit		mpany is:					
	•						
Clove Real Estate, (the words "Limi	ited Liability Co	mpany, "L.L.C.,	" or "LLC.")	_	
ARTICLE II - Addre							
The mailing address a	nd street addres	s of the principa	al office of the I	imited Liability	Company is:		
Principal Office Add	ress:		Mailing	Address:			
3003 W. Jean St.		,	<u>3003 W</u>	Jean St.		_	
Tampa, FL 33614			Tampa.	FL 33614		<u> </u>	
ARTICLE III - Regis (The Limited Liability another business entit	Company cann	ot serve as its o	wn Registered			vidual or	
The name and the Flor							
	Dana Davis	_	J				
	Dalla Davis		ame		-		
	3003 W. Jea	n St.			_		
	Florida street	t address (P.O.)	Box <u>NOT</u> accep	otable)			
	Tampa		FL 33				
		City		Zip			
Having been named a the place designate capacity. I further a of my duties, and I	ed in this certific agree to comply am familiar with	cate, I hereby ac with the provision h and accept the Ci	ecept the appoint ons of all statute e obligations of r hapter 605, F.S.	ment as registere s relating to the p ny position as reg	ed agent and agree proper and comple	e to act in this ete performanc	e
	Regist	ered Agent's Si	gnature (REQU	IRED)		報告と	" }
		(CONTI					

<u>Title:</u> "AMBR" = Authorize	<u>Name and Address:</u> ed Member		
"MGR" = Manager			
AMBR			
	3003 W. Jean St.		
	Tampa, FL 33614		-
			-
			-

	**************************************		•
(Use attachment if ne	cessary)		
ective date is listed, tl	f other than the date of filing: (OPT he date must be specific and cannot be more than five business days	TONAL) s prior to or 9	90 d
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