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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

4. Statement OCT 1 5 200

COVER LETTER

TO: Registration Section Division of Corporations		ŭ
SUBJECT: Corey Properties Florida, LLC Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) as Please return all correspondence concerning this m		
Jack Corey	_	
	Name of Person	
Corey Properties Florida, LLC	Firm/Company	· · · · · · · · · · · · · · · · · · ·
802 Gleneagles	Address	
Highland, Michigan 48357	City/State and Zip Code	
jack.corey@comcast.net E-mail address: (to be use	d for future annual report notifica	ution)
For further information concerning this matter, plea	ase call:	
Jack Corey at () Name of Person	248) 561-9604 Area Code Daytime Tel	lephone Number
Enclosed is a check for the 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	Street/Courier Add Registration Section Division of Corporat Clifton Building	ions

Tallahassee, FL 32314

2661 Executive Center Circle Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Corey Properties Florida, LLC		<u>.</u>
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or	· "LLC.")
ARTICLE II - Address:	! -65 on of the Limited Liebility Con	
The mailing address and street address of the princip	·	ispany is.
Principal Office Address:	Mailing Address:	
802 Gleneagles	802 Gleneagles	
Highland, MI 48357	Highland, MI 48357	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered Agent. You must des ration.)	e: ignate an individual or
-	torou agont are.	
Jack Corey	lame	
4770 Mars Db. d		
4778 West Blvd. Florida street address (P.O.	. Box NOT acceptable)	
Naples	FL 34103	
City	Zip	
Registered Agent's (CONT	accept the appointment as registered a ions of all statutes relating to the prop	gent and agree to act in this er and complete performance

MBR" = Authorized Member GR" = Manager MBR	
1BR	
	Jack Corey
	802 Gleneagles
	Highland, MI 48357
e attachment if necessary)	
I: Other provisions, if any.	
	0
	2
OUIRED SIGNATURE:	
QUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.
OUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203)	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
OUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0203) constitutes an affirmation under the per	r an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document halites of perjury that the facts stated herein are true.
OUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203) (constitutes an affirmation under the per I am aware that any false information s	r an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document nalities of perjury that the facts stated herein are true. ubmitted in a document to the Department of State
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Signature of a member of (In accordance with section 605.0203) constitutes an affirmation under the per I am aware that any false information s constitutes a third degree felony as pro-	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalities of perjury that the facts stated herein are true. ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
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Signature of a member or (In accordance with section 605.0203) (constitutes an affirmation under the per I am aware that any false information s constitutes a third degree felony as produced by Jack Corey Typed 125.00 Filing Fee for Articles of Organization	r an authorized representative of a member. 1) (b), Flyrida Statutes, the execution of this document nalities of perjury that the facts stated herein are true, ubmitted in a document to the Department of State vided for in s.817.155, F.S.) or printed name of signee Filling Fees: on and Designation of Registered Agent

ARTICLE IV-