

L15000025871

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000035043 3)))



H150000350433ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : DAVID R. CARTER, P.A.
Account Number : I20010000053
Phone : (352) 686-6278
Fax Number : (352) 686-7324

RECEIVED
15 FEB 11 PM 1:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

15 FEB 11 AM 10:00

RECEIVED
BUREAU OF CORPORATIONS
INFORMATION SYSTEMS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: sh@ecflawfirm.com

**FLORIDA LIMITED LIABILITY CO.
COVE PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

02/11/2015 15:44

(FAX)

P.002/004

850-817-8381

2/11/2015 7:40:28 AM PAGE 1/001 Fax Server



February 11, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID R. CARTER, P.A.

SUBJECT: COVE PROPERTIES, LLC
REF: W15000009898

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P96000050949, COVE PROPERTIES, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

RECEIVED
15 FEB 11 AM 10:30
Teresa Brown
Regulatory Specialist II

FAX Aud. #: W15000035043
Letter Number: 915A00002807

P.O BOX 6327 - Tallahassee, Florida 32314

H150000350433

FILED
15 FEB 11 PM 1:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
COVE VILLAGE PROPERTIES, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is **COVE VILLAGE PROPERTIES, LLC.**

ARTICLE II - ADDRESS

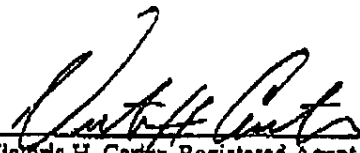
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
7419 U.S. Highway 19 New Port Richey, FL 34652	7419 U.S. Highway 19 New Port Richey, FL 34652

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent is Victoria H. Carter, 7419 U.S. Highway 19, New Port Richey, FL 34652.

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, 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 as provided for in Chapter 605, *Florida Statutes*.


Victoria H. Carter, Registered Agent

H150000350433

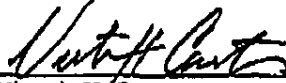
H150000350433

ARTICLE IV - MANAGEMENT

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

Name and Address:	Title
Sergio D. Rivera 7419 U.S. Highway 19 New Port Richey, FL 34652	Member
Kerri Lynn Malett 7419 U.S. Highway 19 New Port Richey, FL 34652	Member

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.135, F.S.


Victoria H. Carter
Authorized Representative of Member
Signed: February 11, 2015

H150000350433