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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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ARTICLES OF ORGANIZATION FOR <u>COVE INTERVALS, LLC</u>

ARTICLE I – NAME

The name of the Limited Liability Company is COVE INTERVALS, 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	7419 U.S. Highway 19
New Port Richey, FL 34652	New Port Richey, FL 34652

ARTICLE III - REGISTERED AGENT

The name and the Florida street address of the Registered Agent is Gary S. Clendenin, 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.

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Gary S. Clendenin, Registe	red Agenti 0. 5 000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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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 817.155, P.S.

(Gary S. Clendenin Authorized Representative of Member

Authorized Representative of Member Signed: February 12, 2015

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