

Division of Corporations

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**L1500037484**

Florida Department of State  
Division of Corporations  
Annual Report Filing Cover Sheet

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

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Certified Copy	1
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P.002/004



February 16, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DAVID R. CARTER, P.A.

SUBJECT: COVE SERVICES, LLC  
REF: W15000010965

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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P96000002140.

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.

Deborah Bruce  
Regulatory Specialist II

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H150000374843

**ARTICLES OF ORGANIZATION  
FOR  
COVE RESORT SERVICES, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is COVE RESORT SERVICES, 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 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*.

  
\_\_\_\_\_  
Gary S. Clendenin, Registered Agent

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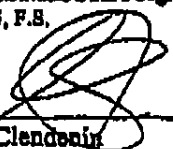
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**ARTICLE IV - MANAGEMENT**

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 §17.155, F.S.

  
\_\_\_\_\_  
Gary S. Clendenen  
Authorized Representative of Member  
Signed: February 12, 2015

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2015 FEB 18 AM 11:04  
CLERK OF STATE  
TALLAHASSEE FLORIDA