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|] | INC. | ı |

236 East 6th Avenue. Tallahassee, Florida 32303

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| - | Morgan Gulf Coast Properties, LLC (CORPORATE NAME AND DOCUMENT #) | |
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COVER LETTER

| TO: Registration Division of | n Section Corporations | | | | |
|-----------------------------------|--|---|---|---------------|----------|
| SUBJECT: Morga | n Gulf Coast Properties, LI Name of Li | LC mited Liability Company | | | |
| The enclosed Articles | of Organization and fee(s) a | re submitted for filing. | | | |
| Please return all corre | spondence concerning this m | natter to the following: | | | |
| <u>Kevin A.</u> | Denti, Esquire | Name of Person | | | |
| | | | | | |
| Kevin A. | Denti, P.A. | r: | | | |
| | | Firm/Company | | | |
| 2 <u>180 lm</u> | mokalee Road - Suite #31 | 6 | ***** | | |
| | | Address | 1 | 8 14 | *** |
| Mantee | Florida 34110 | | | P. | <u>.</u> |
| <u> 1480165, 1</u> | | lity/State and Zip Code | | ယ် | これで |
| kdenti@dentila | w.com | 10.0 | | A | , i |
| For further information | n-mail address: (to be use on concerning this matter, ple | ed for future annual report notifies | ation) | 7-3 AH 10: 15 | ŧ_ |
| rot turner intornacio | ar concerning this matter, pre | ase can. | <u> </u> | | |
| <u>Kevin A. Denti, Esg</u> Nar | uire at (at (at (at (| 239) 260-8111 Area Code Daytime Te | lephone Number | | |
| Enclosed is a check for | or the following amount: | | | | |
| ☑ \$125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | ☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose | | |
| | iling Address istration Section | Street/Courier Add Registration Section | ress | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Limited Liability (| Company is: | | |
|--|---|--|--|
| Morgan Gulf Coast Properties. (Must end wit | LLC th the words "Limite | ed Liability Company, "L.L.C.," or "I | J.C.") |
| ARTICLE II - Address: The mailing address and street address | ress of the principal | office of the Limited Liability Compa | any is: |
| Principal Office Address: | | Mailing Address: | |
| 4287 Silver Fox Drive Naples, Florida 34119 | | 4287 Silver Fox Drive Naples, Florida 34119 | |
| | innot serve as its ow | ., & Registered Agent's Signature: in Registered Agent. You must design ion.) | nate an individual or |
| The name and the Florida street add | iress of the registere | ed agent are: | |
| Kevin A. C | Denti Esquire | | |
| | Nam <u>okalee_Road Sui</u> eet address (P.O. Bo | | |
| <u>Naples</u> | | FL 34110 | |
| | City | Zip | |
| the place designated in this cert capacity. I further agree to comp | ificate, I hereby acce ly with the provision, vith and accept the o | service of process for the above stated upt the appointment as registered agen s of all statutes relating to the proper obligations of my position as registered pur 605. F.S. | nt and agree to act in this and complete performance |
| - | /7// | Me : | rae 1 |
| Reg | istered Agent's Sign | nature (REQUIRED) | |
| | (CONTIN | UED) | 4Y - 3 |
| | Page 1 of | 12 | AH |

| <u>Title:</u> | Name and Address: | |
|--|--|--------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | Chausa T. Massas | |
| AMBR | Steven T. Morgan 4287 Silver Fox Drive | |
| | Naples, Florida 34119 | |
| AMBR | Amy L. Morgan | |
| | 4287 Silver Fox Drive | |
| | Naples, Florida 34119 | |
| | | |
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| (Use attachment if necessary) E.V: Effective date, if other than the datective date is listed, the date must be spot filing.) | te of tiling: |) days |
| E V: Effective date, if other than the datective date is listed, the date must be sportfilling.) E VI: Other provisions, if any. | ce of filing: | days |
| E V: Effective date, if other than the datective date is listed, the date must be sportfilling.) E VI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 | day |
| E V: Effective date, if other than the date ective date is listed, the date must be suffiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | pecific and cannot be more than five business days prior to or 90 | day |
| E V: Effective date, if other than the date entire date is listed, the date must be splitfilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info | pecific and cannot be more than five business days prior to or 90 perior to or | |
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| E V: Effective date, if other than the date entire date is listed, the date must be split filing.) E VI: Other provisions, if any. E VI: Other provisions, if any. Signature of a magnetic of a mag | nember or an authorized representative of a member. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 105.0203 (1) (b). Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. | |