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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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2018 MAY 24 AM 10: 22 SECRETARY OF STATE

MAY 2 5 2018

COVER LETTER

TO:	New Filing Section Division of Corporations
eud ie	COTTERMAN ISLAND PROPERTIES, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please i	return all correspondence concerning this matter to the following:
	William J. Kimpton, Esq.
	Name of Person
	WILLIAM J. KIMPTON, PA
	Firm/Company
	605 Palm Boulevard, Suite B
	Address
	Dunedin, FL 34698
	City/State and Zip Code bill@kimptonlaw.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	William J. Kimpton 727 733-7500
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
	O Filing Fee Status S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SLAND PROPERTIES, L				
(Must c	ontain the words "Limited	Liability Company,	"L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and stree	et address of the principal of	office of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
1451Gulf Boulev			Gulf Boulevard, #213		
Clearwater, FL 3	3/6/	Ciea	rwater, FL 33767		
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida street	any cannot serve as its own an active Florida registrati	n Registered Agent. \ on.)	ALL ARY OF	2018 MAY 24 A	TIL
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registrati	n Registered Agent. \ on.) ed agent are:	it's Signature:		
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registrati eet address of the registere	n Registered Agent. \ on.) ed agent are:	it's Signature:		דורוט
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registrati eet address of the registere	n Registered Agent. Yon.) ed agent are: terman Name	it's Signature:	2018 HAY 24 AM 10: 22	てにつ
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registere Sandra Konrad Cotton 1451 Gulf Boulevar	n Registered Agent. Yon.) ed agent are: terman Name	You must designate an individual or AHASSEE FLORID.		てにつ
(The Limited Liability Comp another business entity with	any cannot serve as its own an active Florida registration eet address of the registere Sandra Konrad Cotton 1451 Gulf Boulevar	n Registered Agent. Youn.) ed agent are: terman Name ed, #213	You must designate an individual or AHASSEE FLORID.		てににし

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, F.S.

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Sandra Konrad Cotterman
	1451 Gulf Boulevard, #213
	Clearwater, FL 33767
	LE æ
	<u></u>
	<u> </u>
	<u> </u>
	OF STATE FLORID
	RP 2
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not	e of filing:
CLE V: Effective date, if other than the date ffective date is listed, the date must be specifically.	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
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LE V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man This document is executed and aware that any false.	meet the applicable statutory filing requirements, this date will not be listed to of State's records. **Manual Authorized** **Democration of the description of t

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)