

L21000152746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

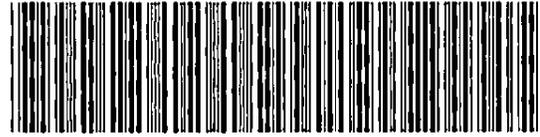
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



800363608428

FILED

2021 APR -9 PM 12: 38  
SECRETARY OF STATE  
TALLAHASSEE, FL

04/08/21--01002--003 \*\*160.00



2021 APR -7 PM 3: 41

SECRETARY OF STATE

RECEIVED

4/8/21

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. ~~Glen Cove LLC~~ Glen Cove Property, LLC  
Name Document Number (if known)

Walk in  Will wait

Certified Copy Articles of Organization  
 Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 INC  
 OTHER - Corp

**AMENDMENTS**

Amendment  
 Resignation of R.A. Officer/Director  
 Change of Registered Agent  
 Dissolution/Withdrawal  
 Conversion  
 Merger

**OTHER FILINGS**

Annual Report  
 Fictitious Name  
 Statement of Authority  
 APOSTIL () \_\_\_\_\_  
COUNTRY

**REGISTRATION/QUALIFICATIONS**

Foreign Filing  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

**EXAMINER'S INITIALS: \_\_\_\_\_**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2021

FLORIDA CAPITAL COURIER

SUBJECT: GLEN COVE, LLC  
Ref. Number: W21000047249

We have received your document for GLEN COVE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 821A00007304

2021 Apr -9 PM 3:02

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~Glen Cove, LLC~~ Glen Cove Property, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Hine

Name of Person

Bluewater Development

Firm/Company

430 W. 5th Street, Suite 400

Address

Panama City, FL 32401

City/State and Zip Code

Chris@bluewaterdevelopmentgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Hine                      850                      527-1885  
\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 APR -9 PM 12:38

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

~~Glen Cove, LLC~~ Glen Cove Property, LLC  
(Must contain the words "Limited Liability Company," "L.L.C.," or "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:

430 W. 5th Street  
Suite 400  
Panama City, FL 32401

430 W. 5th Street  
Suite 400  
Panama City, FL 32401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

<u>Chris Hine</u>		
Name		
<u>430 W. 5th Street, Suite 400</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Panama City</u>	<u>FL</u>	<u>32401</u>
City	State	Zip

*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..*

Chris Hine  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Chris Hine  
430 W. 5th Street, Suite 400  
Panama City, FL 32401

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 APR -9 PM 12: 58

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

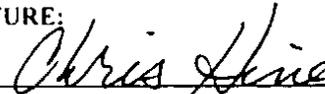
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 s.817.155, F.S.

Chris Hine

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)