

**L2400009928**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : CAPITOL SERVICES, INC.  
 Account Number : 120160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
 AMERICANO COVE OPERATOR LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

T.J.H.  
 1/10/24

Electronic Filing Menu

Corporate Filing Menu

Help

2024 JAN -8 PM 3:55

2024 JAN -8 PM 6:19

H24000010893

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Americano Cove Operator 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:

Spencer A. Bryson

Name of Person

Libby Sparks Willis Starnes PLLC

Firm/Company

5950 Berkshire Lane, Suite 200

Address

Dallas, Texas 75225

City/State and Zip Code

sbryson@libbysparks.com, stephen@bluewaters.co.za

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

For further information concerning this matter, please call:

Spencer A. Bryson

214

390-2300

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****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Americano Cove Operator 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:**4 Nuttal Gardens, Morningside  
Duban, South Africa, 4001**Mailing Address:**4 Nuttal Gardens, Morningside  
Duban, South Africa, 4001**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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd FLFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFlorida32301

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.*

Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024-01-08 PM 6:19

H24000010893

H24000010893

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRAmericano Holding Operating Corporation  
4 Nuttal Gardens, Morningside  
Durban, South Africa, 4001

(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.Spencer A. Bryson, Attorney-in-Fact

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)

2024-01-08 PM 6:19

H24000010893