

26/01/2024 15:47

1/26/24, 3:30 PM

Division of Corporations

(FAX)

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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RECEIVED
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To:

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

From:

Account Name : THE 1031 EXCHANGE CONNECTION INC.
Account Number : 120220000045
Phone : (239)659-1031
Fax Number : (239)228-7604

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.
39 SOUTHPORT COVE LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2023 Jan 26 1: 6:02

Electronic Filing Menu

Corporate Filing Menu

Help

1/5/24

H24000036471 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 39 SOUTHPORT COVE 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:

NACE COHEN

Name of Person

THE 1031 EXCHANGE CONNECTION, INC.

Firm/Company

9400 FOUNTAIN MEDICAL COURT, SUITE B-100

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

NACE@1031CONNECTION.COM

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

For further information concerning this matter, please call:

NACE COHEN

239

659-1031

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

H24000036471 3

215

H24000036471 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

39 SOUTHPORT COVE 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:9400 FOUNTAIN MEDICAL CTSAMESUITE B-100BONITA SPRINGS, FL 34135

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:

FLEATCO HOLDINGS LLC

Name


9400 FOUNTAIN MEDICAL CT, STE B-100Florida street address (P.O. Box NOT acceptable)BONITA SPRINGSFL34135

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000036471 3

2023 JAN 26 11:06:02

3/5

H24000036471 3

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:AMBR

FLEATCO HOLDINGS LLC
 9400 FOUNTAIN MEDICAL CT, STE B-100
 BONITA SPRINGS, FL 34135

MGR

NACE COHEN, CPA
 9400 FOUNTAIN MEDICAL CT, STE B-100
 BONITA SPRINGS, FL 34135

MGR

MICHAEL ELORANTO
 9400 FOUNTAIN MEDICAL CT, STE B-100
 BONITA SPRINGS, FL 34135

MGR

JAMES SCHEIBER
 PO BOX 606
 ROANOKE, IN 46783

(Use attachment if necessary)

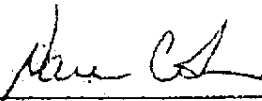
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REAL ESTATE INVESTMENT**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.

NACE COHEN

Typed or printed name of signer

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)

2023 Jan 26 1: 06:02

4/5

H24000036471 3

H24000036471 3

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JENNIFER SCHEIBER

PO BOX 605

ROANOKE, IN 46783

(Use attachment if necessary)

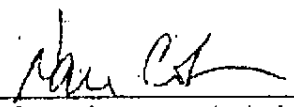
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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5/5