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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| To:   |  |
|-------|--|
|       | Division of Corporations                         |
|       | Fax Number : (850)617-6381                       |
|       | 7  |
| from: |  |
|       | Account Name : THE 1031 EXCHANGE CONNECTION INC. |
|       | Account Number : I20220000045                    |
|       | Phone : (239)659-1031                            |
|       | Fax Number : (239)228-7604                       |

## FLORIDA LIMITED LIABILITY CO. 39 SOUTHPORT COVE LLC

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

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## COVER LETTER

| TO:         | New Filing Section<br>Division of Corporations  |                   |   |  |
|-------------|---|-------------------|---|--|
| enn in/     | 39 SOUTHPORT COVE LLC   |                   |   |  |
| SUBJEC      | Name of   | Limited Liabil    | ity Company   |  |
| The enc!    | osed Articles of Organization and fee(s   | ) are submitted   | for filing.   |  |
| Please to   | turn all correspondence concerning thi  | s matter to the ! | following:  |  |
|             | NACE COHEN  |                   |   |  |
|             |   | Name of           | Person  |  |
|             | THE 1031 EXCHANGE CONNEC  | CTION, INC.       |   |  |
|             |   | Firm/Co           | mpany   |  |
|             | 9400 FOUNTAIN MEDICAL CO  | JRT, SUITE B      | -100  |  |
|             |   | Addr              | ess   |  |
|             | BONITA SPRINGS, FL 34135  |                   |   |  |
|             | NACE@1031CONNECTION.COM   | City/State an     | d Zip Code  |  |
| For further | E-mail address: (to be used information concerning this matter, pl                              | •                 | annual report notificatio   | on)  |
|             | NACE COHEN  | 239               | 659-1031  |  |
|             | Name of Person  | Area Code         | Daytime Telephone   | Number   |
| Enclosed    | is a check for the following amount:  |                   |   |  |
|             | 00 Filing Fee \$\infty\$ \$\infty\$ \$\infty\$ \$\infty\$ \$\infty\$ Certificate of Status      | Certiti           | 5.00 Filing Fee & cd Copy<br>al copy is enclosed)   | 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 Div The Centre of Tallaha: 2415 N. Montoe Stree Tallahassee, FL 32303 | ssee C<br>t, Suite 810   |
|             |   |                   |   | 2.0  |

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| 39 SOUTHPO  | RT COVE LLC   |   |                       |
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|   | contain the words Limited Lisbi   | Ity Company, "L.L.C.," or "L  | LC.")                 |
| RTICLE II - Address:<br>he mailing address and st   | rect address of the principal office  | of the Limited Liability Comp   | any is:               |
| <u>P1</u>   | Incipal Office Address:   | <u>Mai</u>  | ling Address:         |
|   | • ,   | SAME  |                       |
| 9400 FOUNTA   | AN MEDICAL CT   | SAME  |                       |
| SUITE B-100   |   | SAME  |                       |
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Registered Agent's Signature (REQUIRED)

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| AMBR   |  | :  | FLEATCO HOLDINGS LLC  |       |
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|  | · .  | Ţ,   | BONITA SPRINGS, FL 34135  |       |
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| MCD  | •  |  | MICHAEL ELORANTO  |       |
| MGR  |  |  | 9400 FOUNTAIN MEDICAL CT, STE B-100   | _     |
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|  | -  |  | •   |       |
| MOD.   |  |  | IAMES SCHEIBER  |       |
| MGR  | <del></del>  | • •  | PO BOX 606  | _     |
|  |  | ·. ,   | ROANOKE, IN 467.83  | _     |
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)