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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	SOUTH COVE CAPITAL, LLC		
Name of Limited Liability Company			
		any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida	
Please re	eturn all correspondence concerning this matter to the	following:	
	ROBERT LOGAN		
Name of Person			
SOUTH COVE CAPITAL, LLC			
Firm/Company			
28570 CALABRIA CT, UNIT 101			
Address			
NAPLES, FL 34110			
City/State and Zip Code			
RLOGAN@SOUTHCOVECAPITAL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
	ROBERT LOGAN	(203) 504-2560	
	Name of Contact Person	Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed	d is a check for the following amount:  ■ \$125.00 Filing Fee  □ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certified Copy	



SECEIVE 2016 JAN 19 AM 10:55

FLORIDA DEPARTMENT OF STATERI JARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

December 22, 2015

ROBERT LOGAN 28570 CALABRIA CT, UNIT 101 NAPLES, FL 34110

SUBJECT: SOUTH COVE CAPITAL, LLC

Ref. Number: W15000081794

We have received your document for SOUTH COVE CAPITAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 115A00026745

2016 JAN 19 AM 10: 28

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GISUSO2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SOUTH COVE CAPITAL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unwailable, oncer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE 26-2004637 (Jurisdiction under the law of which foreign timited liability (FEI munber, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 28570 CALABRIA CT, UNIT 101, NAPLES, FL 34110 (Street Address of Principal Office) 28570 CALABRIA CT, UNIT 101, NAPLES, FL 34110 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 120 Hays Street Office Address: Tallahassee FL , Florida (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ROBERT F. LOGAN JR , Principal 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Sepalure of an authorized person 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.

ROBERT F. LOGAN IR

Typed or printed name of signee

PRINCIPAL

ί,

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SOUTH COVE CAPITAL, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE SEVENTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH COVE CAPITAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corp. delaware, gov/aut

4506229 8300 SR# 20151224503 Authentication: 10559062

Date: 12-07-15