

# L03000007387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

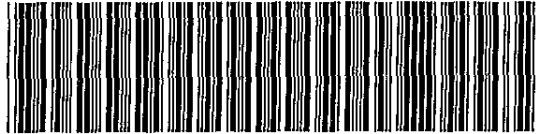
(Business Entity Name)

(Document Number)

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03 FEB 27 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Homer P. Appleby  
*Attorney at Law*  
3245 Saint James Drive  
Boca Raton, FL 33434

Tel/Fax: 561-470-1021  
happleby@earthlink.net

February 25, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

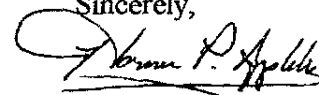
Re: Emerall, LLC

Dear Sir or Madam:

Enclosed are an original and one (1) copy of the articles of organization and check payable to the Florida Department of State in the amount of \$130.00 covering the filing fee, designation of registered agent, and a certificate of status.

Please contact me if there are any questions, and otherwise send the letter of acknowledgment with related enclosures to me at the address indicated above. Thank you for your assistance with in this matter.

Sincerely,

  
Homer P. Appleby

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03 FEB 27 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cc: G.H. Kinchen

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Emerall, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
300 East Alexander Palm Drive, Boca Raton, FL 33432

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

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

Homer P. Appleby  
 \_\_\_\_\_  
 Name

3245 Saint James Drive  
 \_\_\_\_\_  
 Florida street address (P.O. Box **NOT** acceptable)

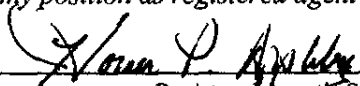
Boca Raton, FL 33434  
 \_\_\_\_\_  
 City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 27 AM 11:30

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*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 608, F.S.*

  
 \_\_\_\_\_  
 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gilbert H. Kinchen  
 \_\_\_\_\_  
 Typed or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)