

L04 0000 14098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

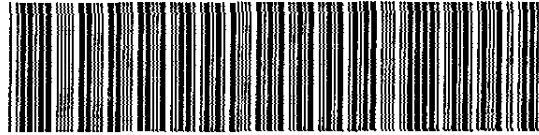
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300028542293

02/12/04--01004--016 **125.00

FILED
04 FEB 11 AM 10:05
TALLAHASSEE, FLORIDA

2/23
MS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Coast Community Development 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:

John Davis
(Name of Person)

(Firm/Company)

PO Box 15691
(Address)

Fort Lauderdale, Florida 33318
(City/State and Zip Code)

FILED
04 FEB 11 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Davis at (954) 4738803
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED
04 FEB 11 AM 10:06
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emerald Coast Community Development 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:

1301 MLK Drive

P.O. Box 15691

Pensacola, FL 32501

Fort Lauderdale, FL 33318

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

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

John Davis

Name

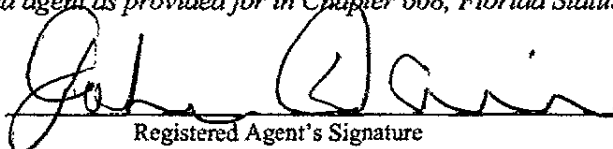
9544 NW 8 Circle

Florida street address (P.O. Box **NOT** acceptable)

Plantation FLORIDA 33324

City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

John Davis
9544 NW 8 Circle
Plantation, Florida 33324

MGRM

Johnny C. Crawford, Sr.
2028 Americus Ave., Unit 11
Pensacola, Florida 32507


MGRM

Joe Gardner
903 Barcia Drive
Pensacola, Florida 32513

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

John Davis
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)

FILED
04 FEB 11 AM 10:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE