L0500003075

2005 MAR 25 PAR 0	3
SECRETARY OF STATE SECRETARY OF STATE (Requestor's Name) (Requestor's Name)	A
(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:	
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Office Use Only



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FILED

FLORIDA DEPARTMENT OF STATE OF MAR 25 P 3: 03

SECRETARY OF STATE LLAHASSEE, FLORIDA

February 1, 2005

NATALIE SCHUBERT 226 COLLEGE AVE. PANAMA CITY, FL 32401

SUBJECT: EMERALD GROUP PROPERTIES LLC

Ref. Number: W05000005232

We have received your document for EMERALD GROUP PROPERTIES 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 articles of organization must be prepared in compliance with section 608.407, Florida Statutes. We are enclosing the appropriate forms and instructions for your convenience.

THIS OFFICE DOES NOT FILE OPERATING AGREEMENTS.

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) 245-6094.

Agnes Lunt **Document Specialist**

Letter Number: 405A00007035

TRANSMITTAL LETTER

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TO: Registration Section		
Division of Corporations	•	FILE
Manara da da	00-0-0	
SUBJECT: EMERACO GROUP	PROPERTIES L	
SUBJECT: EMERALD GROVE (Name of Limite)	d Liability Company)	ZUUS MAR 25 F
		SE02-
The enclosed Articles of Organization and fee(s) are s	uhmittad for filing	SECRETARY OF TALLAHASSEE, FL
The chelosed Afficies of Organization and fee(s) are s	abilitied for ming.	LEATASSEE, F
Please return all correspondence concerning this matter	er to the following:	
NATRUE TO	CHIRGOT	· - ·
0	Name of Person)	
<i>\</i> 2	Table Of Lordony	
EMERNIO CORD DO	DEIDTIES INC	
EMERICO GROUP PRI	Firm/Company)	
· ·	(nar Company)	
276 (1/156	C ALE	
<u>226 COLLEGE</u>	(Address)	
	(Address)	
Dras A LAA CH	11 E 2741	
PANA MA-CIT	7,16 30401	
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
NATIONIS SCHLAGUT	w 850 R32-4	1769
NATACIE SCHUBERT (Name of Person)	(Area Code & Daytime To	elenhone Number)
(Tions of Lorday)	(Filed Code & Day Mile 14	orephone (value)
Enclosed is a check for the following amount:		•
\$125.00 Filing Fee	☐ \$155.00 Filing Fee &	☐ \$160.00 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
* * · · · · · · · · · · · · · · · · · ·	(additional copy is enclosed)	Certified Copy
	, , ,	(additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRFSS-
Registration Section	Registration S	
Division of Corporations	Division of Co	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, F	lorida 32314

TRANSMITTAL LETTER

TRANSMITTAL LE	ITER	Prem a n
TO: Registration Section		FILED
Division of Corporations	20	
	Zi:	05 MAR 25 P 3: 04
SUBJECT: Emward Group Properties	llc se	-0 P 3: 04
(Name of Limited Liability Co.	mpany) MLL	CRETARY OF STATE AHASSEE, FLORIDA
		"MASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) are submitted for fi		
Please return all correspondence concerning this matter to the follow	ring:	
NAME T SOLLAGIO	·	december of
NATPLIE T. SCHUBER (Name of Person)	<u> </u>	****
(realite of 1 classif)	,	
EMERKO GROUP PROPERTIES L	LC	
(Firm/Company)		
	3	The second secon
226 COLLEGE AVENUE		· · · · · · · · · · · · · · · · · · ·
(Address)		
PALLANA CITY G 2211	,	
PANAMA CITY, FL 3241 (City/State and Zip C	2	+ -
(City/state and Zip C	ode)	
For further information concerning this matter, please call:		
		•
NATALIE SCHUBERT at (350	332-4769 Code & Daytime Telephone Number)	<u> </u>
(Name of Person) (Area C	Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		-
2 \$125.00 Filing Fee	Filing Fee & 🗇 \$160.00 Fil	ing Fee.
(AUSAM PAID) Certificate of Status Certified C	opy Certificate of S	
(additional co	py is enclosed) Certified Copy	
	(additional copy i	s enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMERALO GROW ROPENTIES 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:

226 COULSEE AUE.
PANAMA CITY, FL 32401

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

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

NATRUE SCHUBERT

Name

226 COULSEE AUE

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

PANAMA CITY FL 32401

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, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Ma The name and address of each Man Title:	anaging Member(s):	FILED
Title: "MGR" = Manager "MGRM" = Managing Member	lager or Managing Member is as in the Name and Address:	FOLLOWS: WAR 25 P 3: 04 2005 WAR 25 P 3: 04 CRETARY OF STATE TALLAHASSEE, FLORID
MGRM	TIMA RIVES 226 COLLEGE AVE, PANAMA GTY, FL 3	TALLAIII.
MGRM	NATAUE SCHUBERT 226 COLLEGE AJE PANJUA CHY, FL 3	
MGRM	SUE WARPER 116 MARIN DR. PANAMA CITY, FL	32405
morm_	SUZY ROBEKTS 347 N. MCARTHUR PANAMACITY, FL	32401
(Use attachment if necessary)		
NOTE: An additional article mu	st be added if an effective date	is requested.
REQUIRED SIGNATURE:	talei y SnA	
Signature of a mem	ber or an authorized representative o	f a member.
(In accordance with a of this document contact that the facts stated	section 608.408(3), Florida Statutes, the stitutes an affirmation under the penaltid herein are true.)	execution es of perjury
	TAUZ T. SCHUBEKT Typed or printed name of signee	

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)