

L05000031688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

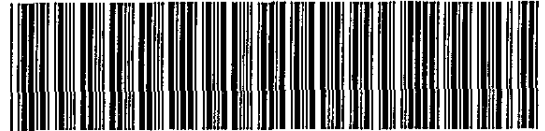
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800048679688

03/29/05--01049--008 \*\*125.00

FILED  
TALLAHASSEE, FLORIDA

05 MAR 29 PM 4:12

2005 MAR 29

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EML Associates, 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:

Karla S. Williams, Paralegal  
(Name of Person)

Hirschler Fleischer  
(Firm/Company)

701 East Byrd Street, 15th Floor  
(Address)

Richmond, Virginia 23219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karla S. Williams at ( 804 ) 771-5677  
(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

TALLAHASSEE, FLORIDA

05 MAR 29 PM 4:12

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EML Associates, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1760 Joybrook Road

Navarre, Florida 32566

**Mailing Address:**

1760 Joybrook Road

Navarre, Florida 32566

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

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

Evelyn Livermore

Name

1760 Joybrook Road

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

Navarre FLORIDA 32566

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..*

Evelyn Livermore

By: E. Livermore

Registered Agent's Signature

05 MAR 29 PM 4:12

FILED

**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:**

MGRM

Evelyn Livermore

1760 Joybrook Road

Navarre, Florida 32566

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*E. Livermore*

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.)

By:

Evelyn Livermore

Typed or printed name of signer

**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)

TALLAHASSEE, FLORIDA

05 MAR 29 PM 4:12