

L05000048824

(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:

Name	
Availability	
Document	
Examiner	DCC
Updater	DCC
Updater	
Verifier	PIC
Acknowledgement	DCC
P. Verifier	DCC

Office Use Only



400053849264

05/09/05--01077--004 **130.00

2005 MAY -9 P 3:01
SECRETARY OF STATE
FILED

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Vacations, 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:

Kjel A. Johnson + Christine Johnson
(Name of Person)

Emerald Vacations, LLC
(Firm/Company)

744 Bear Creek Circle
(Address)

Winter Springs, FL 32708
(City/State and Zip Code)

For further information concerning this matter, please call:

Kjel A. Johnson + Christine Johnson at (407) 977-2055
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☒ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
MAR -9 P 3:01
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emerald Vacations, LLC

ARTICLE II - Address:

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

Principal Office Address:

744 Bear Creek Circle
Winter Springs, FL 32708

Mailing Address:

744 Bear Creek Circle
Winter Springs, FL 32708

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

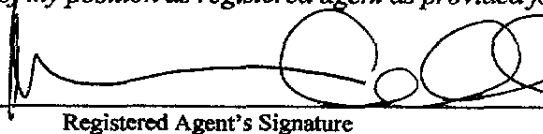
The name and the Florida street address of the registered agent are:

Kjel A. Johnson + Christine Johnson
Name

744 Bear Creek Circle
Florida street address (P.O. Box NOT acceptable)

Winter Springs, FL 32708 FL
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 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

Kjel A. Johnson

744 Bear Creek Circle

Winter Springs, FL 32708

MGRM

CHRISTINE JOHNSON

744 BEAR CREEK CIRCLE

WINTER SPRINGS FL 32708

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.)

Kjel A. JOHNSON + Christine JOHNSON

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)

FILED
2005 MAY -9 P 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA