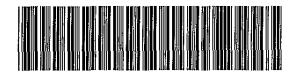
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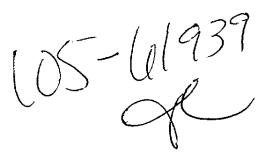
(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Coples	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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, TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMERAL COAST TRIM, LLC (Name of Limited Lia)	bility Company)
The enclosed Articles of Organization and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to the	he following:
DUKE MOUNT	of Person)
(Name	or rasou)
EMERAL COAST TRIM, LLC	Company)
(Fiffin	Company)
108 CASA PLACE, #15	
(Ac	ddress)
PANAMA CITY BEACH, FL 32413	and Zip Code)
	and Exp. Code)
For further information concerning this matter, please call:	
Duke Mount at (at (at ((Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Ce	\$155.00 Filing Fee & Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	is:
EMERAL COAST TRIM, 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:
EMERAL COAST TRIM, LLC	EMERAL COAST TRIM, LLC
108 CASA PLACE, #15	108 CASA PLACE, #15
PANAMA CITY BEACH, FL 32413	PANAMA CITY BEACH, FL 32413
DUKE MOUNT Nam	ne .
108 CASA PLACE, # 15	
	address (P.O. Box NOT acceptable)
PANAMA CITY BEACH	FL 32413
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	DUKE MOUNT
	108 CASA PLACE, #15
	PANAMA CITY BEACH, FL 32413
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	b MI
Signature of a m	tember or an authorized representative of a member.
of this document	rith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.)
DUKE MOUN	Γ

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)

Typed or printed name of signee