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## LIMITED LIABILITY COMPANY

## **Emerald Coast Concierge LLC**

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## FAX AUDIT # HOSCOO1879 283

# ARTICLES OF ORGANIZATION OF Emerald Coast Concierge LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Emerald Coast Concierge LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 101 Old Ferry Road, Unit 29C, Shalimar, Florida 32579.

#### ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jonathan Nelson, 101 Old Ferry Road, Unit 29C, Shalimar, Florida 32579. Located in the County of Okaloosa.

#### ARTICLE IV

**DURATION** 

The duration for the limited liability company shall be: 12/31/2045.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Jonathan Nelson, 101 Old Ferry Road, Unit 29C, Shalimar, Florida 32579 Jessica Nelson, 101 Old Ferry Road, Unit 29C, Shalimar, Florida 32579

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,

Madison, WI 53717

(608) 827-5300

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Emerald Coast Concierge LLC

The name and address of the registered agent and office is Jonathan Nelson, 101 Old Ferry Road, Unit 29C, Shalimar, Florida 32579. Located in the County of Okaloosa.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Journal Melv

Date: July 28, 2005

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