L05000118139

(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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December 12, 2005

S	ERVICES	RPORATION NAME (S) AND DOCUMENT NUMBER (S):
Етега	ald2675, LLC		3 1
	Filing Evidence Plain/Confirmation Cop		pe of Document tificate of Status tificate of Good Standing
	□ Certified Copy	□ Cer	tificate of Good Standing
		□ Art	icles Only
	Retrieval Request Photocopy	Art	Charter Documents to Include icles & Amendments titious Name Certificate
	□ Certified Copy	□ Oth	ner
	NEW FILINGS	AMENDMENTS	
	Profit	Amendment	
	Non Profit	Resignation of RA Officer	/Director
x	Limited Liability	Change of Registered Age	ent
	Domestication	Dissolution/Withdrawal	
	Other	Merger	
 -	·		
	OTHER FILINGS	REGISTRATION/QUAL	IFICATION
	Annual Reports	Foreign	
	Fictitious Name	Limited Liability	
	Name Reservation	Reinstatement	
	Reinstatement	Trademark	
		Other	

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

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ARTICLES OF ORGAN FOR FLORIDA LIMITED LIABIL	\$ 50 T				
ARTICLE I - Name: The name of the Limited Liability Company is:	意思まり				
EMERALD2675, LLC	Tog is				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
2675 Emerald Island Boulevard	164 Brighton Road, Cliffon, NJ 07012				
Kissimmee, Florida 34747					
420000000000000000000000000000000000000					
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere					
Albert J. Pogorelec, Jr.					
Name					
2675 Emeraid Island Boulevard					
Florida street address (P.O. Box NOT acceptable)					
	ORIDA 34747				
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.,

Registered Agent's Signature

Page1 of 2 (CONTINUED) Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Albert J. Pogorelec, Jr.

164 Brighton Road, Clifton, NJ 07012

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Albert J. Pogorelec, Jr.

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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.)

Typed or printed name of signer