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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Emerald Quality Builders, LLC (Name of Limited Viability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elizabeth M. Lewis (Name of Person)
Emerald Quality Builders, LLC (Film/Company)
714 Little Crosciat Street
Furt Walton Beach, EL 32547 (City/State and Zip Code)
For further information concerning this matter, please call:
Elizabeth Lewis at (850) 554-6145 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Emercial Quality Builders (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7141: He Crescent Street Fort waiton Beach, Fl 32547	TIY Little Corscint Street Fortwallon Bach, FL 32547
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Elizabeth Le	S. S.
	rescent Street ress (P.O. Box <u>NOT</u> acceptable) FL 32547
Fortwallon Bially City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	scept service of process for the above stated limited as certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatus	re (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Fit<b>le:</b></u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
"MGR"=Manager	Elizabeth Lewis - 714 Little Conscious storet - Ew.B. Pl. 32547
	•
	e date of filing: (OPTIO)  e specific and cannot be more than five business of
EV: Effective date, if other than the ective date is listed, the date must b	e date of filing: (OPTION e specific and cannot be more than five business of
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in the second constitute of the second const	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)
EV: Effective date, if other than the ective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute that the facts stated is	e specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of a member.  Compared to the specific and cannot be more than five business of the specific and cannot be more than five business. The specific and cannot be mo
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