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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

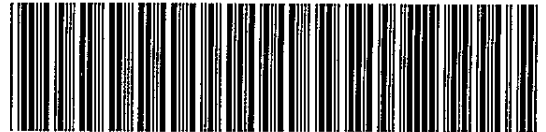
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W06-507

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06 MAR 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5  
03/23/06

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMERSON CON.  
(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:

EMERSON BENTON WILLIS JR  
(Name of Person)

EMERSON CON.  
(Firm/Company)

3327 TIMBERLINE RD W  
(Address)

WINTER HAVEN FL 33880  
(City/State and Zip Code)

For further information concerning this matter, please call:

Emerson Willis at (863) 287-8750  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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06 MAR 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2006

EMERSON WILLIS JR.  
EMERSON CONSTRUCTION LLC  
35 LAKE ARROWHEAD DRIVE  
WINTER HAVEN, FL 33880

SUBJECT: EMERSON CONSTRUCTION LLC  
Ref. Number: W06000000507

Upon receipt of your letter and/or check(s) totaling \$160.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Because you sent a cover sheet for a not-from-Florida LLC, that is the form we have sent you. If you are trying to make some other kind of filing, please contact us for the proper form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 106A00000773

**FILED**  
06 MAR 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2006

EMERSON WILLIS JR.  
EMERSON CON. LLC  
3327 TIMBERLINE RD W  
WINTER HAVEN, FL 33880

SUBJECT: EMERSON CONSTRUCTION LLC  
Ref. Number: W06000000507

We have received your document for EMERSON CONSTRUCTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The two signature lines on the form must be signed. The registered agent signature line says "see attached," but the attached papers were not part of this filing. Please provide the registered agents's signature on the first page of your filing, and the other signature on the blank line on page 2 of your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 906A00016484

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06 MAR 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Emerson Construction LLC  
(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 principal office of the Limited Liability Company is:

### Principal Office Address:

75 Le Arrowhead Dr  
Winter Haven FL  
33880

### Mailing Address:

(Same)  
75 Le Arrowhead Dr  
Winter Haven FL  
33880

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature.

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Amelia Underwriters, Inc.  
Name FL-8221812

Victory Insurance  
Florida street address (P.O. Box NOT acceptable)  
11600 Central Ave  
Winter Haven FL 33880  
City, State, and Zip

441598

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.

Emerson Bl Williams  
Registered Agent's Signature (REQUIRED)

per fee

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
TALLAHASSEE

(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:**

MGR

Emerson B Willis Jr  
3327 FEMBER LANE Rd W  
WINTER HAVEN FL 33980

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

Emerson B Willis Jr.

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.)

Emerson B Willis Jr

Typed or printed name of signee

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06 MAR 23 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**