# 106000120824

(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:
D18/20

Office Use Only



500082258365

Effective Date 12/15/06

12/18/06--01024--005 \*\*130.00

04 OFC 18 5W #: #1

SECRETARY OF STATE DIVISION OF CORPORATION

# **COVER LETTER**

TO:	Registration Se Division of Cor			
·		EE LLC		
SUBJI	ECT: HONE		Liability Company)	-
	•	,	· · · · · · · · · · · · · · · · · · ·	
The en	closed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
	Keith W	Reeves		
			Name of Person)	
		(1	Firm/Company)	
	7045 Pd	ortmarnock Pla	ace	·
			(Address)	
	Lakewo	od Ranch, Flo	orida 34202	
		(City/	State and Zip Code)	• •
For fu	ether information	concerning this matter, please	nall:	
roi iu	the montanon	concerning and matter, prease	vaii.	
<u>Kei</u>	th W Ree	ves	at (941) 587-44 (Area Code & Daytime To	426
	(Name	of Person)	(Area Code & Daytime 10	elephone Number)
Enclo	sed is a check fo	or the following amount:		
\$12.	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
The name of the Emmed Liaomity Company is.	Effective Date 215 0
HUREE LLC	7 10 M
Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
7045 Portmarnock Place	7045 Portmarnock Place
Lakewood Ranch Florida 34202	Lakewood Ranch Florida 34202
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Keith W Reeves	
Name	•
7045 Portmarnock Florida street ad	Place Idress (P.O. Box NOT acceptable)
Lakewood Ranch	34202

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..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

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

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

GRM	Mark S Hughes
	7901 209th Street East
	Bradenton, Florida 34202
MGRM	Keith W Reeves
	7045 Portmarnock Place
	Lakewood Ranch Florida 34202

(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:**

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.)

Keith W Reeves

Typed or printed name of signee

#### 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)

Page 2 of 2