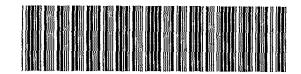
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(Reque	estor's Name)	
(Addre	ss)	
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(Addre	SS)	
(City/S	tate/Zip/Phone #	(f)
PICK-UP	WAIT	MAIL
		
(Busine	ess Entity Name))
(Docum	nent Number)	
Certified Copies	Certificates o	of Status
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Special Instructions to Filir	g Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	ест: <u>Ете</u>	(Name of Limited	Realty, Liability Company)	L.L.C.
The en	closed Articles of Or	ganization and fee(s) are su	bmitted for filing.	
Please	return all correspond	ence concerning this matter	r to the following:	
	Peggy	. Corvin	Name of Person)	
	Essay a	ld Surf		n
	CHURA		Kealty, LL	<u> </u>
	13700	Perdido N	Ley Drive a	net A 204
	Pomores	12 30	(Address)	
	· come	(City/	State and Zip Code)	مين مورد و مين مورد و مين
For fu	ther information con	cerning this matter, please	call:	
4	eaan Co	Win	at (615) 428	8-9494
-	(Name of	Person)	(Area Code & Daytime Te	lephone Number)
Enclo	sed is a check for th	ne following amount:		
□ \$12:] \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Emerald Surf Re (Must end with the words "Limited Liability Company, "Limited	alty, LLC Company or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13700 Perdido Key Drive	same.
Pennscola 11. 32507	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Hagus Creven	
Name	
13700 Perdido	Key Dr. Unit A 204 ==
Florida street addr	ess (P.O. Box NOT acceptable)
YINDAC) (a. City, State, an	FL 32507
City, State, an	d Zip
	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as

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)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Pencacola - 1 .50507
,	
(Use attachment if necessary)	
CLE V: Effective date, if other teffective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other teffective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
CLE V: Effective date, if other to effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing:

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)