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TRANSMITTAL LETTER

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

SUBJECT: Emmanuela Enterprises, LLC
(Proposed Corporate Name - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

 \$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

LLC: X \$155
Filing Fee
& Certified Copy

<u> \$78.75 </u> Filing Fee & Certified Copy	<u> \$87.50 </u> Filing Fee Certified Copy & Certificate of Status.
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ADDITIONAL COPY REQUIRED

FROM: Gary S. Wright, P.A.
Name (Printed or typed)

465 Summerhaven Dr. #C
Address

DeBary, FL 32713
City, State & Zip

(386) 753-0280/fax: (386) 668-5880
Daytime Telephone Number

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION
OF
EMMANUELA ENTERPRISES, LLC

ARTICLE I

NAME

The name of the Limited Liability Company is **EMMANUELA ENTERPRISES, LLC.**

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 845 Lincoln Road, DeLand, FL 32724.

The street address of the Limited Liability Company's principal office is 845 Lincoln Road, DeLand, FL 32724.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

WILLIAM F. GRIFFIN, JR., is designated as the managing member and shall carry out and further the decisions and action of the member(s) made under the terms of the Operating Agreement, and shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments,

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leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Authorized Representative

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **EMMANUELA ENTERPRISES, LLC.**

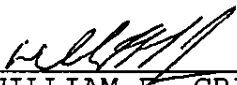
The name and the Florida street address of the registered agent are:

WILLIAM F. GRIFFIN, JR.
845 Lincoln Road
DeLand, FL 32724

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.

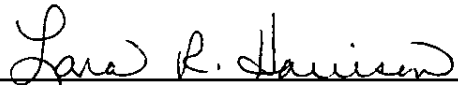
EMMAUELA ENTERPRISES, LLC


WILLIAM F. GRIFFIN, JR.
Registered Agent


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STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 9th day of May, 2007, by WILLIAM F. GRIFFIN, JR., who is personally known to me or who produced Anita D.L. as identification and who did not take an oath.


Notary Public

Lana R. Harrison
Notary printed name
Commission No.
My Commission Expires: 6/5/2011

NOTARY PUBLIC-STATE OF FLORIDA
 Lana R. Harrison
Commission #DD665959
Expires: JUNE 05, 2011
BONDED THRU ATLANTIC BONDING CO., INC.