

L080000/2033

(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

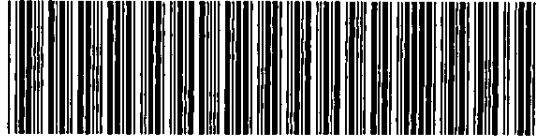
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB - 1 AM 11:42

J. BRYAN

FEB - 1 2008

EXAMINER



James M. Shuta  
Attorney At Law

January 16, 2008

Registration Section  
Department of State  
P.O. Box 6327  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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**Re: ERSB FAMILY LIMITED LIABILITY COMPANY**

Gentle(wo)men:

Enclosed are the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS UPON FILING.

Please return the certified copy and the certificate to me after recording.

Thank you for your continued assistance.

Sincerely,

  
James M. Shuta

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

08 FEB - 1 1972  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following **Articles of Organization**.

ARTICLE I  
Name

The name of the Limited Liability Company is **ERSB FAMILY LIMITED LIABILITY COMPANY**.

ARTICLE II  
Address

The street address of the Principal Office is **612 Harbor Blvd, Destin, FL 32541**. The mailing address of the Business Office is **P.O. Box 17848, Tampa, FL 33682**.

ARTICLE III  
Business

This Limited Liability Company shall engage in the business of **ownership of real, personal and/or mixed property**.

ARTICLE IV  
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of **fifty (50) years** thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V  
Management

The Limited Liability Company shall be managed by its authorized Member whose name and address is **Eugene R. Smith, III, 612 Harbor Blvd, Destin, FL 32541**.

ARTICLE VI  
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of **all of the Members**. A Member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

**ARTICLE VII**  
**Members Rights to Continue Business**

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

**ARTICLE VIII**  
**Effective Date**

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 23 day of JAN., 2008.

WITNESSES:

AUTHORIZED MEMBER:

\_\_\_\_\_  
Sign Name

  
Eugene R. Smith, III, Manager


\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

STATE OF FLORIDA  
COUNTY OF OKALOOSA

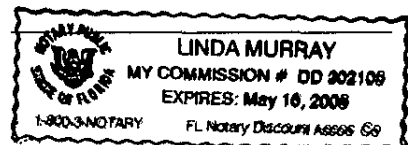
I HEREBY CERTIFY that on the 23 day of JAN., 2008, the foregoing was acknowledged before me by Eugene R. Smith, III (X) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification and who ( ) did or (X) did not take an oath.

  
Notary Public, State of Florida

LINDA MURRAY  
Print Name

My Commission Expires: \_\_\_\_\_

Commission No. \_\_\_\_\_



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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned **LIMITED LIABILITY COMPANY**, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:

**ERSB FAMILY LIMITED LIABILITY COMPANY**

2. The name and address of the registered agent and office is:

**Eugene R. Smith, III  
612 Harbor Blvd  
Destin, FL 32541**

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.



**Eugene R. Smith, III  
Registered Agent**

Date: JAN. 23, 2008

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