L08000051993

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400130075924

05/23/08--01044--019 **155.00

08 HAY 23 AH 11: 52

COVER LETTER

Division of Corporations
SUBJECT: Emerald Dream Ventures, LLC
(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:
Patricia Touchstone
(Name of Person)
Strategic Corporate Services Plus, Inc.
(Firm/Company)
849 East Aultman Street
(Address)
Ely, NV 89301
(City/State and Zip Code)
For further information concerning this matter, please call:
Patricia Touchstone at (775) 289-2789
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\$\subseteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\seteq\$ \$\si
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Emerald Dream Ventures, LL	_C
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
120 Las Roblas Grande Dr	
Santa Rosa Beach, FL 32459	
ARTICLE III - Registered Agent, Registere	ed Office & Registered Agent's Signature
(The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	

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

Shirley Presley	TAL TAL	80	
Name	52	HA	12
120 Las Roblas Grande Dr	HAS.	72	73.72 74.73
Florida street address (P.O. Box NOT acceptable)	£¥	ω	
Santa Rosa Beach _{FL} 32459	m _C		; j
City, State, and Zip	STA		i same

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" ≈ M "MGRM" =	anager Managing Member	Name and Address:
MGR		Shirley Presley
	 	120 Las Robias Grande Dr
		Santa Rosa Beach, FL 32459
	<u></u>	
•	nent if necessary)	
LE V: Effective date	tive date, if other than th	
LE V: Effective date it days after the	tive date, if other than th	ne date of filing: (OPTIONA
LE V: Effective date it days after the	tive date, if other than this listed, the date must ne date of filing.) SIGNATURE:	the date of filing: (OPTIONAl be specific and cannot be more than five business day
LE V: Effective date it days after the	tive date, if other than this listed, the date must ne date of filing.) SIGNATURE:	ne date of filing: (OPTIONAl be specific and cannot be more than five business day
LE V: Effective date it days after the	tive date, if other than the is listed, the date must be date of filing.) SIGNATURE: Signature of a member of a	be specific and cannot be more than five business day there or an authorized representative it a member. Section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)