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SEGNETARY OF STATE

T. CLINE

SEP 25 2008

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Corp				
SUBJECT: dustbur	nnies. of the Eme	erald Coast		
SUBJECT:	<del> </del>	ted Liability Company)		
The enclosed Articles of 0	Organization and fee(s) are	submitted for filing.		
Please return all correspon	ndence concerning this mat	ter to the following:		
Terri L. Kup	oski			
		(Name of Person)		
dustbunnie	s. of the Emeralo	d Coast		
,	Andrews A. Property Charles and a second control of the second con	(Firm/Company)		
136 Oyster	Lake Drive			
<del></del>		(Address)		
Santa Rosa	Beach, FL 324	59		
	*	y/State and Zip Code)		
For further information co	oncerning this matter, please	e call:	SEC	C.B.
Terri L. Kupski		at ( 850 ) 622-334		1
(Name of	Person)	(Area Code & Daytime Tele	phone Number) (5 2	#4.5 T-1
Enclosed is a check for	the following amount:		SEGRETARY OF STALLAHASSEE, FLO	
✓\$125.00 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 Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
dustbunnies. of the Emerald Coast, (Must end with the words "Limited Liability	
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:
136 Oyster Lake Drive	136 Oyster Lake Drive
Santa Rosa Beach, FL 32459	Santa Rosa Beach, FL 32459
business entity with an active Florida registration.)  The name and the Florida street address of the remarks and the Florida street address of the remarks.  Terri L. Kupski  Name	gistered agent are:
136 Oyster Lake Drive	e
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Santa Rosa Beach	<sub>FL</sub> 32459
City, State, and	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ZEGRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

(TEX 4.5		N7			
<u>Title:</u> "MGR" = Manage		Name and Address:			
"MGRM" = Mana					
IVIOIOVI IVIAIN	aging Memoer				
MGRM		Terri L. Kupski			
	<del></del>	136 Oyster Lake Drive			
		Santa Rosa Beach, FL 32459		<del></del>	
MGRM		Sonia R. Roth			
	<del></del>	16 Indiangrass Lane		<del></del>	
		Santa Rosa Beach, FL 32459			
	_	Mary Maddleren and Arthur Mary Mary Mary Mary Mary Mary Mary Mar		_	
	_				
(Use attachment in	ate, if other than the da	ate of filing:	. (OPT	— IONAI	<b>.</b> )
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