15800114337

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: En	nerald Coast	Maintenance, (ed Liability Company)	LC
	(Name of Limite	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	er to the following:	
Do	ug Buckner	(Name of Person)	
	<i>J</i>	(Name of Person)	
		(Firm/Company)	<u>, , , , , , , , , , , , , , , , , , , </u>
126	S. Share Dr	. #33	
		(Address)	
Mi	comor Reach	F1 32550	
	(City	FL 32550 y/State and Zip Code)	
For further information of	oncerning this matter, please	e call:	
Rebecca Co	ntrell	at (850) 585-	- 3687
(Name	of Person)	(Area Code & Daytime Telep	ohone Number)
Enclosed is a check for	r the following amount:		
\$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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Emerald Coast Marn (Must end with the words "Limited Liability	Henance, LLC ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Cor	npany	y is:
Principal Office Address:	Mailing Address:		
126 S. Shore Dr. #33 Miramar Beach FL 32550	Same		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
Mitamar Beach City, State, and Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ress (P.O. Box NOT acceptable) AFL 32550 and Zip accept service of process for the above state ais certificate, I hereby accept the appointment of the comply with the provise formance of my duties, and I am familiar to	nent a tions c with a	is of all and
accept the obligations of my position as registred Agent's Signature	wheel	<i>, Г.</i> д.	

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	Mame and Address: ger naging Member
MC-RM	Doug Buckner 126 5. Shore Dr. #33 Miramar Beach FL 328
<u>mg-rm</u>	Rebecca Cantrell 1265. Shore Dr. # 33 Miramar Beach. FL 325
LE V: Effective fective date is li	date, if other than the date of filing: (OPTIC sted, the date must be specific and cannot be more than five business
	date, if other than the date of filing: (OPTIO sted, the date must be specific and cannot be more than five business ate of filing.)
LE V: Effective fective date is liding the days after the d	date, if other than the date of filing: (OPTIO sted, the date must be specific and cannot be more than five business ate of filing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)