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Certified Copies Certificates of Status	_			
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EXAMINER

## **COVER LETTER**

	gistration S vision of Co	Section orporations	en de la composition della com
SUBJECT	Affo		ements of the Emerald Coast, LLC ed Liability Company)
The enclose	d Articles o	f Organization and fee(s) are	submitted for filing.
Please retur	n all corresp	ondence concerning this mat	ter to the following:
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ( )		omas C. Ignas (Name of Person)
:	Aff	ordable Home Impro	vement of the Emerald Coast, LLC (Firm/Company)
	· · · ·	P	.O. Box 348 (Address)
		Mary Estl	ner, FL 32569-0348
For further	information	concerning this matter, please	y/State and Zip Code) e call:
		as C. Ignas e of Person)	at (850) 225-0024 (Area Code & Daytime Telephone Number)
Enclosed is	s a check fo	or the following amount:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
□\$125.00 F	iling Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Bartha .

ARTICLE I - Name: The name of the Limited Liability Compan	v is:
Affordable Home Improveme	ent of the Emerald Coast, LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
147 Sandy Cay Drive	P.O. Box 348
Miramar Beach, FL 32550	Mary Esther, FL 32569-0348
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
	C. Ignas
•	
	ly Cay Drive 50 5
Florida stree	et address (P.O. Box NOT acceptable)
Miramar Be	ach : FL : 32550:
	ate, and Zip
11	d to accent gaming of my agg for the above stated limited

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)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager . "MGRM" = Managing Member Thomas C. Ignas MGR 147 Sandy Cay Drive Miramar Beach, FL 32550 1 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution (In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Thomas C. Ignas

Filing Fees:

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

Typed or printed name of signee