

L09 000054214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

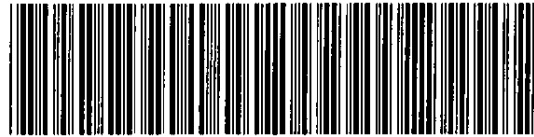
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200156443112

06/03/09--01034--007 \*\*125.00

FILED  
09 JUN -3 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outman JUN - 4 2009

LAW OFFICES  
SCHREEDER, WHEELER & FLINT, LLP  
1100 PEACHTREE STREET, NE  
SUITE 800  
ATLANTA, GEORGIA 30309-4516

(404) 681-3450  
FACSIMILE: (404) 681-1046

Ashley L. Autry

E-Mail: [aaury@swfllp.com](mailto:aaury@swfllp.com)

June 1, 2009

**Via FedEx**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Emerald Coast Construction Management, LLC**

Dear Sir or Madam:

Enclosed please find the following:

- Articles of Organization of Emerald Coast Construction Management, LLC
- Check in the amount of \$125.00 for the filing fee

I have also enclosed a FedEx envelope for the return of the letter of acknowledgement. If you have any questions or require anything further, please let me know.

Sincerely,



Ashley L. Autry

ALA/rt

Enclosures

K:\7452\1\Correspondence\Florida Department of State 06.01.09.doc

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Emerald Coast Construction Management, 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:

Ashley L. Autry, Esq.

Name of Person

Schreeder, Wheeler & Flint, LLP

Firm/Company

1100 Peachtree Street, Suite 800

Address

Atlanta, Georgia 30309

City/State and Zip Code

bjgiles@mindspring.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley L. Autry, Esq.

Name of Person

at ( 404 )

681-3450

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Emerald Coast Construction Management, 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

10825 Samantha Place  
Fredericksburg, Virginia 22408

#### Mailing Address:

10825 Samantha Place  
Fredericksburg, Virginia 22408

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324

City, State, and Zip

FILED  
09 JUN -3 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

 **Terence Hardley Asst. Secretary**  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Chad Wandrick

10825 Samantha Place

Fredericksburg, Virginia 22408

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

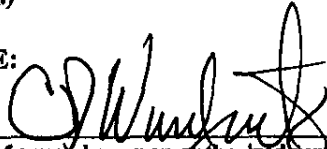
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:           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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Chad Wandrick

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN -3 PM 2:04

FILED