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SEUMETARY OF STATE

N: 0000 UEL 1 7 2009

COVER LETTER

TO:	Registration Division of (Section Corporations				
SUBJI	ECT:	Emeral	d Bea	ach Es	cape LL	С
		Name of Limit	ed Liab	ility Com	pany	
The en	closed Articles	of Organization and fee(s) are	submit	ted for fili	ng.	
Please	return all corre	spondence concerning this mat	ter to th	e followii	ng:	
		J		hiteake	7	·
			Name	of Person	•	
	· 	· · · · · · · · · · · · · · · · · · ·	Firm/C	Company		
	• • • • • • • • • • • • • • • • • • • •	3′		tricia LN	1	
			Ad	dress		
		Fort Wal		each/FL and Zip Co		
		joeywh	iteake	er@yah	oo.com	
For fur	ther informatio	E-mail address: (to be used in concerning this matter, please		e annual re	port notificatio	on)
		Whiteaker	_ at (850		244-4569 Telephone Number
Enclos	sed is a check	for the following amount:				
] \$125.	00 Filing Fee	✓\$130.00 Filing Fee & Certificate of Status	Ce	rtified C	ng Fee & opy py 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		Registra Division Clifton 2661 Ex	Courier Addration Section of Corporat Building Recutive Centers FL 3236	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Emerald Be	ach Escape LLC	
(Must end with the words "Limit	ed 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:	Mailing Address:	
310 Patricia LN	Joe Whiteaker	
Fort Walton Beach, FL 32547	310 Patricia LN	
	<u> </u>	
	Fort Walton Beach, FL 32547	
ARTICLE III - Registered Agent Reg	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual organithm of the registered agent are:	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual Francher Off the registered agent are:	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.) The name and the Florida street address of	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual panother of the registered agent are: Whiteaker Name	
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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

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

"N (CD" — N (cmccc-	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	Member
MGRM	Angelle Crosby
	310 Patricia LN
	Fort Walton Beach, FL 32547
	,
<u> </u>	
	·
	11004

(Lise attachment if nec	Pscarv)
(Use attachment if necessity)	
•	
ICLE V: Effective date, in	Fother than the date of filing: 1 JAN 2010 . (OPTIONAL)
ICLE V: Effective date, in	Fother than the date of filing: 1 JAN 2010 (OPTIONAL) e date must be specific and cannot be more than five business days p
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CLE V: Effective date, in effective date is listed, the days after the date of REQUIRED SIGNAT	Fother than the date of filing: 1 JAN 2010 . (OPTIONAL) the date must be specific and cannot be more than five business days profiling.) FURE: Separate 1. Separ
CLE V: Effective date, in effective date is listed, the days after the date of REQUIRED SIGNAT	Fother than the date of filing: 1 JAN 2010 . (OPTIONAL) the date must be specific and cannot be more than five business days positing.) FURE: Solution of a member or an authorized representative of a member.
CLE V: Effective date, in effective date is listed, the days after the date of REQUIRED SIGNAT Signa (In according to the date of the dat	Fother than the date of filing: 1 JAN 2010 . (OPTIONAL) the date must be specific and cannot be more than five business days positing.) FURE: Solution of a member or an authorized representative of a member.
CLE V: Effective date, in effective date is listed, the solution of the control o	Fother than the date of filing: 1 JAN 2010 (OPTIONAL) e date must be specific and cannot be more than five business days positing.) FURE: Sordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury are facts stated herein are true.)
ICLE V: Effective date, in effective date is listed, the good days after the date of REQUIRED SIGNAT Signa (In according to the content of th	Fother than the date of filing: 1 JAN 2010 (OPTIONAL) to date must be specific and cannot be more than five business days positing.) FURE: Solution of a member or an authorized representative of a member. Coordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)