

W10000034007

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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10 MAR 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAR 29 2010
EXAMINER

March 26, 2010

Emily P. Tilley

PO Box 393

Davenport, FL 33836-0393

DIVISION OF CORPORATIONS

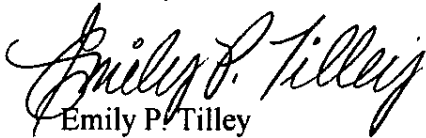
Subject: Emily P. Tilley, LLC

Ref. Number: W10000013850

Deborah Bruce:

Please find enclosed my designation of the registered office and registered agent. I have also signed my registered agent signature as requested. Thanking you in advance for your assistance and cooperation.

Sincerely,


Emily P. Tilley

ENC: Letter dated March 19, 2010

Articles of Organization for Limited Liability Corporation

FILED
10 MAR 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2010

EMILY P TILLEY
P.O. BOX 393
DAVENPORT, FL 33836-0393

SUBJECT: EMILY P. TILLEY, LLC
Ref. Number: W10000013850

We have received your document for EMILY P. TILLEY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00006831

FILED
10 MAR 26 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Emily P. Tilley, 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:

Emily P. Tilley
Name of Person

Firm/Company

P.O. Box 393
Address

Davenport, FL 33836-0393
City/State and Zip Code

genealwiz@hotmail.com
E-mail address: (to be used for future annual report notification)

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10 MAR 26 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Emily P. Tilley at (407) 952-9659
Name of Person 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:

Emily P. Tilley, 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:

Mailing Address:

406 Palermo Street
Davenport, FL 33897

P.O. Box 393
Davenport, FL 33836-0393

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:

Emily P. Tilley
Name
406 Palermo Street
Florida street address (P.O. Box **NOT** acceptable)
Davenport FL 33897
City, State, and Zip

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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..

Emily P. Tilley
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:

MGRM

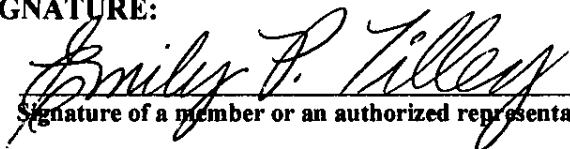
Emily P. Tilley
P.O. Box 393
Davenport, FL 33836-0393

(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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Emily P. Tilley

Typed or printed name of signee

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)

FILED
 10 MAR 26 PM 3:01
 CLERK OF STATE
 TALLAHASSEE, FLORIDA