

L10000038521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

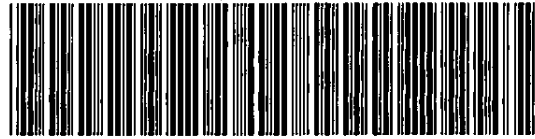
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400173363444

04/08/10--01044--024 \*\*160.00

EFFECTIVE DATE

3/31/10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR - 8 PM 3:03

FILED

N. O'Connell APR - 9 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Emerald Shores Vending, 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:

Billy R. & Evealette Pat Davidson

Name of Person

Emerald Shores Vending

Firm/Company

7053 Brighton Oaks Blvd

Address

Navarre, Florida 32566

City/State and Zip Code

pbdavidson1183@bellsouth.net

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

For further information concerning this matter, please call:

Billy Davidson

Name of Person

at ( 850 ) 939-7231

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 Shores Vending, 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:

Emerald Shores Vending, LLC

7053 Brighton Oaks Blvd

Navarre, FL 32566

#### Mailing Address:

Emerald Shores Vending, LLC

7053 Brighton Oaks Blvd

Navarre, FL 32566

### 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:

Billy R. Davidson  
Name

7053 Brighton Oaks Blvd  
Florida street address (P.O. Box **NOT** acceptable)

Navarre FL 32566  
City, State, and Zip

FILED  
10 APR - 8 PM 3:03  
CLERK 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..*

Billy R. Davidson  
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

Billy R. Davidson

7053 Brighton Oaks Blvd

Navarre, FL 33566

MGRM

Evealette Pat Davidson

7053 Brighton Oaks Blvd

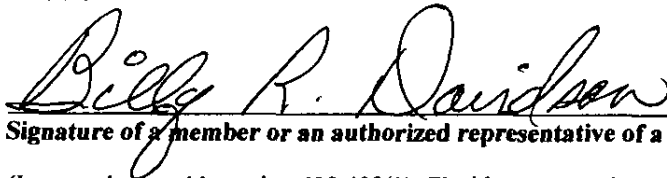
Navarre, FL 33566

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 31 March 2010. (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.)

Billy R. Davidson

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 APR - 8 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA