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SECRETARY OF STAT

J. BRYAN
JUN 1 8 2010

EXAMINER

COVER LETTER

то:	Registration Division of C				
SUBJ	ECT: Elbow	Creek, LLC			
		Name of Limi	ited Liability Company		
The e	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this ma	tter to the following:		
	Shelly L. Mci	Kinney			
			Name of Person		
				5	
			Firm/Company		-
	4444 Dam	. T:1			-
	4411 Portage	- Iran	Address		T
			1 tour 030	<u> </u>	Ţ
	Melbourne, F			S 25	
			ty/State and Zip Code	8 S	
	slmshelly@cf		for future annual report notification)		
71 C			•		
ror Iu	rther information	concerning this matter, pleas	se call:		
Shell	y L. McKinney	,	at (321)427-1198		
······································		of Person	Area Code & Daytime Teleph	one Number	
Enclos	sed is a check for	or the following amount:			
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S160.00 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 Circ Tallahassee, FL 32301	cle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Elbow Creek, LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
1492 Pineapple Avenue	1492 Pineapple Avenue	
Melbourne, Florida 32935	Melbourne, Florida 32935	
business entity with an active Florida registration.)		
The name and the Florida street address of Christy L. Hoffmann	of the registered agent are:	10 JI SECR TALLA
The name and the Florida street address o	of the registered agent are:	10 JUN I
The name and the Florida street address o	Name	10 JUN 1 7 I
The name and the Florida street address of Christy L. Hoffmann 240 South Marco W	Name	
The name and the Florida street address of Christy L. Hoffmann 240 South Marco W	Name /ay	10 JUN 17 PM 2: S SECRETARY OF STA- TALLAHASSEE. FLOR
The name and the Florida street address of Christy L. Hoffmann 240 South Marco W Florida street Satellite Beach,	Name /ay reet address (P.O. Box <u>NOT</u> acceptable)	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Shelly L. McKinney 4411 Portage Trail Melbourne, Florida 32940	
		ALS:
		CRETAR)
(Use attachment if necessary)		OF STATI
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	date of filing: (0	OPTIONAL siness days
REQUIRED SIGNATURE: Signature of a member	ror an authorized representative of a member.	
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	

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)