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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Colorifico Emerald Beach LLC.							
Name of Limited Liability Company							
The en	nclosed Articles of Organization and fee(s) are	submitted for filing.					
Please return all correspondence concerning this matter to the following:							
	Frank W. Falleri						
		Name of Person					
	Firm/Company						
	2435 Riverway Oak Dr.						
		Address					
ĺ	Kingwood, TX 77345						
City/State and Zip Code							
falleri4@kingwoodcable.net E-mail address: (to be used for future annual report notification)							
For fur	rther information concerning this matter, please	e call:					
Holly	y Falleri	_at (281) 797-5892					
<u>_</u>	Name of Person	Area Code & Daytime Telephone Number					
Enclos	sed is a check for the following amount:						
	0 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY					
ARTICLE I - Name:					
The name of the Limited Liability Con	pany is:				
Colorifico Emerald Beac	h LLC.				
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
	of the principal office of the Limited Liability Company is:				
	of the principal office of the Limited Liability Company is: Mailing Address:				
The mailing address and street address					
The mailing address and street address Principal Office Address:	Malling Address:				

husiness entity with an active Florida registration.)

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

Susan Marks

Name

1488 Island Green Lane

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

Miramar Beach,

FL 32550

City, State, and Zip

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:

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Frank W. Falleri		
	2435 Riverway Oak Dr.		
	Kingwood, TX 77345		
MGR	Holly Falleri		
	2435 Riverway Oak Dr.		
	Kingwood, TX 77345		

(Use attachment if necessary)	March 315, 2011		
ARTICLE V: Effective date if other than the d	late of filing: 3/31/2011 (OPTIO	NAI'	`
	specific and cannot be more than five business of		•
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REQUIRED SIGNATURE:		<u>د</u>	≥S
KEOUKED SIGNATURE.		APR	SION
4,	1211	عق	25-
Signature of a member	or an authorized representative of a member.	6	87
_	•	2	걸유는
constitutes an affirmation under t I am aware that any false informa	108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. At a state in a document to the Department of State as provided for in s.817.155, F.S.)	2: 35	EU OF STATE GRPORATIONS
Frank W. Faller	i		<u>13</u>

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)

Typed or printed name of signee