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SECRETARY OF STATE

## **COVER LETTER**

	TO: Registration Section		
	Division of Corporations		
	SUBJECT: EMERALD COAST REAL ESTATE PHOTOGRAPHY, LLC.		
	Name of Limited Liability Company		
	The enclosed Articles of Organization and fee(s) are submitted for filing.		
1	Please return all correspondence concerning this matter to the following:		
	BENJAMIN A. BELL, CPA Name of Person		
den unti	Name of Cristi		
7	BENJAMIN A. BELL, CPA		
	Firm/Company		
	1010 N. 12TH AVENUE, SUITE 101		
	Address		
	PENSACOLA, FLORIDA 32501		
	City/State and Zip Code		
***	BEN@BENJAMINBELLCPA.COM		
	E-mail address: (to be used for future annual report notification)		
100	For further information concerning this matter, please call:		
	BENJAMIN A. BELL, CPA <sub>at (</sub> 850 ) 429-1581		
	Name of Person Area Code & Daytime Telephone Number		
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}		
	Mailing Address Street/Courier Address		
	Registration Section Registration Section		
<b>*</b>	Division of Corporations Division of Corporations		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 COAST REAL ESTATE PHOTOGRAPHY, 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:			
2725 DELUNA WAY MILTON, FL 32583	2725 DELUNA WAY MILTON, FL 32583			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers business entity with an active Florida registration.)  The name and the Florida street address of the BENJAMIN A. BELL,	e registered agent are:	Π =		
Nam	ne SAY -			
1010 N. 12TH AVE				
Florida street a	address (P.O. Box NOT acceptable)			
PENSACOLA	<sub>FL</sub> 32501 중투 <b>조</b>			
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)

# 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	Name and Address:
"MGRM" = Managing Member	
MGRM	ERIN PARKER
	2725 DELUNA WAY
	MILTON, FL 32583
MGRM	JASON PARKER
	2725 DELUNA WAY
	MILTON, FL 32583
(Lies attachment if necessary)	

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**ARTICLE V:** Effective date, if other than the date of filing: 11/1/11 . (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BENJAMIN A. BELL, CPA

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)