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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2013 MAR 15 PM 2:50 SECRETARY OF STATE

MAR 18 2013 D. BRUCE

EFFECTIVE DATE 03/17/13



COVER LETTER

TO:	Registration S Division of Co			
	Ema	nate Design		
SUBJ	ECT:		ed Liability Company	
The er	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
	Tiffany	Leigh Dufresr	ne	
			Name of Person	
			Firm/Company	
	136 70	Ave N.		
			Address	2013 SEL
	Saint P	etersburg, FL		2013 HAR SECRE 'ALLAHA
	tiffanv@e	cii manate-design.co	y/State and Zip Code m	15 PM 2:50 ARY OF STATE ASSEE FLORIDA
	till all y @ O		for future annual report notification)	
For fu	rther information	concerning this matter, please	call:	PM 2:50 DF STATE FLORID#
Ti	ffany Du	ıfresne	_at(603_)479-87	′88
<u>-</u> -	Name	of Person	Area Code & Daytime Telep	hone Number
Enclo	sed is a check f	or the following amount:		
		□\$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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Emanate Design LLC. (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
136 70th Ave N.	136 70th Ave N.
Saint Petersburg, FL 33702	Saint Petersburg, FL 33702
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the registration. Tiffany Leigh Dufresne Name 136 70th Ave N.	registered agent are:
Saint Petersburg, FL 33	dress (P.O. Box <u>NOT</u> acceptable)
	702 _L
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple and accept the obligations of my position as references.	accept service of process for the above state dimited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of the performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 03/17/13

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM		Tiffany Leigh Dufresne
		136 70th Ave N.
		Saint Petersburg, FL 33702
•		
	•	
	· 	
(Hea attachmer	at if more events	
(Use attachmer	nt if necessary)	
		ne date of filing: 3/17/2013
LE V: Effectiv	ve date, if other than th	the date of filing: 3/17/2013 (OPTIONAL) ast be specific and cannot be more than five business day
LE V: Effective date is	ve date, if other than th	st be specific and cannot be more than five business day
LE V: Effective flective date is or 90 days aft	ve date, if other than the slisted, the date mu	st be specific and cannot be more than five business day
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LE V: Effective fractive date is or 90 days aft	ve date, if other than the slisted, the date muler the date of filing.)	st be specific and cannot be more than five business day

Titlany Leigh Dufresne

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)