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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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07/25/13--01013--019 **130.00

SECRETARY OF STATE

COVER LETTER

TO:

Registration Section **Division of Corporations**

Emerald Isle 1101 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:

Kim Gall		
Name of Person		
Firm/Company		
2470 Flat Stone Drive		
Address		
Cumming, GA 30041		
City/State and Zip Code		
kgall2470@yahoo.com		
E-mail address: (to be used for future annual report notification)		
ner information concerning this matter, please call:		

For fur

Kim Gall

Name of Person

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 1 - Name; The name of the Limited Liability Compan	w io	
The name of the Entitled Elability Compan	y 15.	
Emerald Isle 1101 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 street address and street address of the s	he principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
22 Via De Luna Drive	2470 Flat Stone Drive	
Pensacola Beach, FL 32561	Cumming, GA 30041	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's S Registered Agent. You must designate an individu	Signature: ual or another
The name and the Florida street address of	the registered agent are:	
Registered Agents Inc		
Ŋ	Name	HILLE IN 25 I
3030 N. Rocky Point Dr. STE 150A		
Florida street address (P.O. Box NOT acceptable)		PH 4: 2 PH STATE FLORID
Tampa, Florida 33607 _{FL}		를 2
Cit	ty, State, and Zip	.
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this call statutes relating to the proper and con and accept the obligations of my position of the proper and contains and accept the obligations of my position of the proper and accept the obligations of my position of the proper and accept the obligations of my position of the proper and accept the obligations of my position of the proper and accept the obligations of the proper accept the obligations accept the obliga	d in this certificate, I hereby accept the apacity. I further agree to comply with nplete performance of my duties, and I	e appointment as In the provisions of I am familiar with
	President 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 Memb	oer en
MGR	Kim Gall
	2470 Flat Stone Drive
	Cumming, GA 30041
MGRM	Thomas Gall
	2470 Flat Stone Drive
	Cumming, GA 30041
(Use attachment if necessary) ARTICLE V: Effective date, if other	than the date of filing: $8/1/13$. (OPTIONAL)
(If an effective date is listed, the date of the date	ate must be specific and cannot be more than five business days
prior to or 70 days after the date of	
REQUIRED SIGNATURE	· 2 -
Signature of	a member or an authorized representative of a member.
(In accordance with so constitutes an affirma I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
Kim Y. Gal	
	Typed or printed name of signee

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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)