

L14000143564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

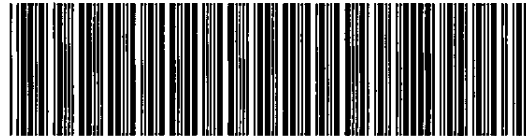
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 SEP 12 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

SEP 15 2014



Attorneys At Law

## HARRISON SALE McCLOY

ANDREW B. LEVY

alevy@HSMcLaw.com

CORRESPONDENCE

Postal Drawer 1579, Panama City, FL 32402

PANAMA CITY OFFICE

304 Magnolia Avenue

Panama City, FL 32401

T 850.769.3434

F 850.769.6121

SANDESTIN OFFICE

495 Grand Blvd., Suite 208

Miramar Beach, FL 32550

T 850.269.7218

September 10, 2014

**VIA FEDERAL EXPRESS**

Cathy Carrothers  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Corporation/LLC Name Changes

Dear Cathy:

It was a pleasure speaking with you on the phone on Monday. Enclosed please find the following documents we discussed:

1. Emerald Coast Title Services, Inc. – Articles of Amendment Changing name to Emerald 2014, Inc.;
2. Emerald Coast Exchange Services, Inc. – Articles of Amendment Changing name to Emerald Exchange 2014, Inc.;
3. ECTS, LLC – Articles of Amendment to Articles of Organization changing name to Emerald Coast Title Services, LLC; and
4. Articles of Organization for Emerald Coast Exchange Services, LLC.

Also enclosed is this firm's check in the amount of \$230.00 to cover the filing fees for all of these documents. Please do not hesitate to contact me if you have ANY questions regarding any of the above documents. I have placed sticky notes on the documents (as you suggested) stating the order in which to file the documents so everything should run smoothly.

Once again, thank you for your help in this matter.

Sincerely,

Margaret M. Clark

Legal Assistant to Andrew B. Levy

/mmc

Enclosures: As Stated

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMERALD COAST EXCHANGE SERVICES, 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:

ANDREW LEVY

Name of Person

HARRISON SALE MCCLOY

Firm/Company

304 MAGNOLIA AVENUE

Address

PANAMA CITY, FL 32401

City/State and Zip Code

ALEVY@HSMCLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW LEVY

Name of Person

at ( 850 ) 769-3434

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 I - Name:

The name of the Limited Liability Company is:

EMERALD COAST EXCHANGE SERVICES, 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:

2050 WEST HWY 30A  
SANTA ROSA BEACH, FL 32459

2050 WEST HWY 30A  
SANTA ROSA BEACH, FL 32459

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

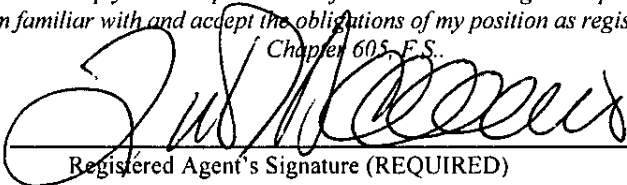
FRANKLIN R. HARRISON  
Name

304 MAGNOLIA AVENUE  
Florida street address (P.O. Box NOT acceptable)

PANAMA CITY FL 32401  
City 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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 SEP 12 AM 9:25  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

FRANKLIN R. HARRISON

P.O. DRAWER 1579

PANAMA CITY, FL 32401

MGR

DOUGLAS J. SALE

P.O. DRAWER 1579

PANAMA CITY, FL 32401

MGR

DIXON ROSS MCCLOY, JR.

P.O. DRAWER 1579

PANAMA CITY, FL 32401

MGR

DION J. MONIZ

P.O. DRAWER 1579

PANAMA CITY, FL 32401

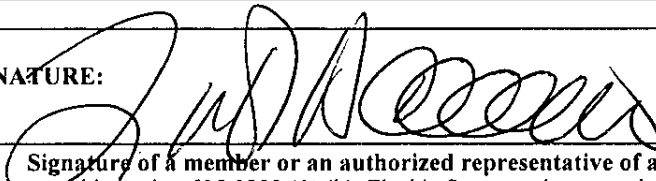
(Use attachment if necessary) - (See attached)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

FRANKLIN R. HARRISON

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ATTACHMENT TO ARTICLES OF ORGANIZATION  
EMERALD COAST EXCHANGE SERVICES**

MANAGER           ANDREW B. LEVY  
                      P.O. DRAWER 1579  
                      PANAMA CITY, FL 32401

MANAGER           ROBERT C. JACKSON  
                      P.O. DRAWER 1579  
                      PANAMA CITY, FL 32401

MANAGER           NICHOLAS BENINATE  
                      P.O. DRAWER 1579  
                      PANAMA CITY, FL 32401

MANAGER           AMY MYERS  
                      P.O. DRAWER 1579  
                      PANAMA CITY, FL 32401

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