

L14 000185679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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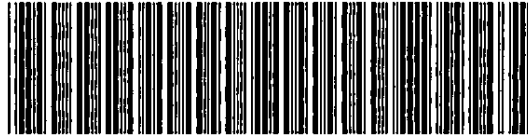
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Shivers DEC 01 2014

STEPHEN J. GREENBERG

2921 Punta Palma Court, Holiday, FL 34691-8791
(727) 710-1313 email: steve@steve-greenberg.com

November 19, 2014

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

Subject: Emerald City Enterprises

Ladies and Gentlemen:

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

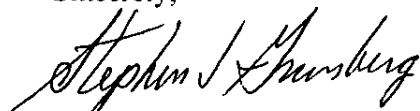
Dr, Stephen J. Greenberg
2921 Punta Palma Ct
Holiday, FL 34691-8791

Email: steve@steve-greenberg.com

Please contact me at (727) 710-1313 if you need additional information.

Enclosed is a check for One Hundred Sixty Dollars (\$160.00) for the Filing Fee, Certificate of Status and Certified Copy.

Sincerely,



Stephen J. Greenberg

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emerald City Enterprises, 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:

**2921 Punta Palma Ct.
Holiday, FL 34691-8791**

**2921 Punta Palma Ct.
Holiday, FL 34691-8791**

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:

**Stephen J. Greenberg
2921 Punta Palma Ct.
Holiday, FL 34691-8791**

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)



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Page 1 of 2

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

**Stephen J. Greenberg
2921 Punta Palma Ct
Holiday, FL 34691-8791**

AMBR

**Michael D. Eckstine
4012 Milano Lane
Longmont, CO 80503**

AMBR

**Noah L. L. Greenberg
18 E. Stonington Place, Suite 104
Fishersville, VA 22939**

AMBR

**Michelle D. Greenberg
9408 Meadow Crossing Way
Fairfax Station, VA 22039-3320**

ARTICLE V: Effective date, if other than the date of filing: **January 1, 2015.**

ARTICLE VI: **NONE**

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.

Typed or printed name of signee

Stephen J. Greenberg

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TALLAHASSEE, FLORIDA

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)