

Division of Corporations

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L16000027883

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
EMERALD COAST CABINET DESIGN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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T. SCOTT

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Fax Audit No: (((H16000027883 3)))

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**ARTICLES OF ORGANIZATION
OF
EMERALD COAST CABINET DESIGN, LLC
a Florida Limited Liability Company**

ARTICLE I - NAME

The name of the Limited Liability Company is EMERALD COAST CABINET DESIGN, LLC.

ARTICLE II - ADDRESS

The mailing address of the Company is: 1306 Massachusetts Ave., Lynn Haven, FL 32444. The street address of the Company is: 1306 Massachusetts Ave., Lynn Haven, FL 32444.

ARTICLE III - DURATION AND CONTINUATION

The Company's existence will commence upon the filing of these Articles with the Florida Department of State, and the Company will exist perpetually, unless terminated in accordance with the Company's Operating Agreement.

ARTICLE IV - PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE V - ADDITIONAL MEMBERS

Additional members may be admitted and the terms and conditions of the admissions shall be that each member consents in writing to the admission of the additional member.

ARTICLE VI - MEMBER'S RIGHTS TO CONTINUE BUSINESS

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company upon unanimous consent of the remaining members.

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ARTICLE VII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers for purposes of s. 605.0407. The name and address of the manager(s) is, as follows:

Michael A. Castleman, AMBR
1306 Massachusetts Ave.
Lynn Haven, FL 32444

Lance Sharpe
1510 Indiana Ave.
Lynn Haven, FL 32444

IN WITNESS THEREOF, we have set our hands and seals, acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida, this 2nd day of February, 2016.

(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.)

EMERALD COAST CABINET DESIGN, LLC

a Florida Limited Liability Company

By: [Signature]
Michael A. Castleman, AMBR



STATE OF FLORIDA
COUNTY OF BAY

BEFORE ME personally appeared Michael A. Castleman, who executed the foregoing Articles of Organization and acknowledged before me that the same were executed for the purposes and intents therein expressed.

WITNESS MY hand and official seal in the county and state named above this 2nd day of February, 2016.

[Signature]
Notary Public

MICHAEL ROBINSON
Printed Name of Notary
My Commission Expires:

Personally known ☒ or produced identification _____.
Type of Identification produced _____.

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISION OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Emerald Coast Cabinet Design, LLC.
2. The name and the Florida street address of the registered agent is:

Michael A. Castleman
1306 Massachusetts Ave.
Lynn Haven, FL 32444

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.



Michael A. Castleman, Registered Agent