## 1600227394

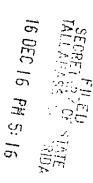
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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M. MOON DEC 1 6 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2016

GARY HENRIKSEN 328 EMMALEE PLACE THE VILLAGES, FL 32162

SUBJECT: THE EMERALD FOX LLC

Ref. Number: W16000083873

We have received your document for THE EMERALD FOX LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 916A00026695

## **COVER LETTER**

	egistration Section eivision of Corporations	
SUBJECT	The Emerald Fox LLC	
SOBJECT		imited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	arn all correspondence concerning this	matter to the following:
	Gary Henriksen	
		Name of Person
	Ironclad Tax Accounting, LLC	
		Firm/Company
	328 Emmalee Place	
		Address
	The Villages FL 32162	
	brittneyboscana@gmail.com	City/State and Zip Code
	E-mail address: (to be us	ed for future annual report notification)
For further i	nformation concerning this matter, ple	ase call:
	Gary Henriksen	352 350-1733
	Name of Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Emerald Fox LI			
(Must end	with the words "Limited	Liability Company.	."L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:
<u>Princip</u>	oal Office Address:		Mailing Address:
107 South Disston		107.5	South Disston
Tavares FL		Tava	res FL
32778	•	3277	8
The Limited Liability Company nother business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. Y	t's Signature: 'ou must designate an individual or
The Limited Liability Company mother business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. Y n.) I agent are:	
The Limited Liability Company mother business entity with an	y cannot serve as its own active Florida registratio address of the registered	Registered Agent. Y	
The Limited Liability Company nother business entity with an	y cannot serve as its own active Florida registratio address of the registered Brittney Boscana  600 Brookline Avenu	Registered Agent. Yon.) I agent are: Name	ou must designate an individual or
The Limited Liability Company mother business entity with an	y cannot serve as its own active Florida registratio address of the registered Brittney Boscana	Registered Agent. Yon.) I agent are: Name	ou must designate an individual or
The Limited Liability Company nother business entity with an	y cannot serve as its own active Florida registratio address of the registered Brittney Boscana  600 Brookline Avenu	Registered Agent. Yon.) I agent are: Name	ou must designate an individual or
ARTICLE III - Registered Ag The Limited Liability Company mother business entity with an The name and the Florida street	y cannot serve as its own active Florida registratio address of the registered Brittney Boscana  600 Brookline Avenu Florida street address	Registered Agent. Yon.) I agent are: Name  le s (P.O. Box NOT ac	ou must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ic nec 16 PM 5: 16

itle:	Name and Address:
AMBR" = Authorized Member	•
MGR" = Manager	
MGR	Brittney Boscana
	600 Brookline Avenue Eustis FL 32726
	1,0313 1 10 32 120
MGR	Amanda Seabury
	35448 Rudio Road o
	Leesburg FL 34788
A A A CO D	Charal Baisman
\MBR	Cheryl Reisman 10952 Mooncrest Lane
	Leesburg FL 34788
	1000
\MBR	Paul Warren
	. 35448 Radio Road
V: Effective date, if other than tetive date is listed, the date mus filing.) he date inserted in this block does	the date of filing: December 15, 2016 (OPTIONAL)  (be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date mus filing.) he date inserted in this block doc ient's effective date on the Depa VI: Other provisions, if any	the date of filing: December 15, 2016 (OPTIONAL)  I be specific and cannot be more than five business days prior to or 90 is not meet the applicable statutory filing requirements, this date will not retirent of State's records.
V: Effective date, if other than tetive date is listed, the date mus filing.) he date inserted in this block document's effective date on the Depa. VI: Other provisions, if any	the date of filing: December 15, 2016 (OPTIONAL)  (be specific and cannot be more than five business days prior to or 90 as not meet the applicable statutory filing requirements, this date will not
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V: Effective date, if other than tertive date is listed, the date mus filing.) he date inserted in this block docent's effective date on the Depa. VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature: This document is I am aware that a	the date of filing: December 15, 2016 (OPTIONAL)  It be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not extrement of State's records.  The member of an authorized representative of a member executed in accordance with section 605.0203 (F) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
V: Effective date, if other than to tive date is listed, the date musualing.) The date inserted in this block docent's effective date on the Departure of the Departure of Signature of This document is I am aware that a constitutes a thire	The date of filing: December 15, 2016 (OPTIONAL)  It be specific and cannot be more than five husiness days prior to or 90 is not meet the applicable statutory filing requirements, this date will not retirement of State's records.  The member of an authorized representative of a member of a member of a member of a member of state information submitted in a document to the Department of State of degree felony as provided for in s.817,155, F.S.
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