

L17000253362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

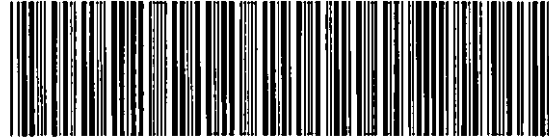
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400306305254

12/11/17--01018--005 **125.00

FILED
2017 DEC 11 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12/12/17
M. Page

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMERALD WATERS Advertising
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:

John Wilson
Name of Person
EMERALD WATERS Advertising
Firm/Company
5115 GULF DR Suite 307
Address
PCB. FL. 32408
City/State and Zip Code
WILSON 092256@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Wilson at (850) 890-8
Name of Person Area Code Daytime Telephone

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)

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

Scan both sides
Please - HP

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

McOR

Name and Address:

DAWN WILSON

5115 GULF DR 307

PCB FL 32408

(Use attachment if necessary)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

DAWN WILSON 100% OWNER

REQUIRED SIGNATURE:


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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

DAWN R WILSON
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 DEC 11 PM 12:40

FILED