

**L18000086661**

**Florida Department of State**

**Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H180001113183))**



H180001113183ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**RECEIVED**

**2018 APR -9 AM 11:59**

**DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES**

**FLORIDA LIMITED LIABILITY CO.  
EMERALD REEF HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**N. SAMS**

**APR 10 2018**

**ARTICLES OF ORGANIZATION  
OF  
EMERALD REEF HOLDINGS, LLC**

These Articles of Organization (these "Articles") of Emerald Reef Holdings, LLC, are being executed and filed by the undersigned, as the organizer, for the purpose of organizing a limited liability company under the Florida Revised Limited Liability Company Act.

1. The name of the limited liability company is Emerald Reef Holdings, LLC.
2. The street address of the principal office of the limited liability company is Pineapple Grove, Old Fort Bay, P.O. Box SP 61462, New Providence, Bahamas.
3. The mailing address of the limited liability company is Pineapple Grove, Old Fort Bay, P.O. Box SP 61462, New Providence, Bahamas.
4. The name and street address of the registered agent of the limited liability company is Capitol Corporate Services Inc., 515 East Park Avenue, 2nd Floor, Tallahassee, Florida 32301.

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.

*Kim Tadlock*

Kim Tadlock, Asst Sect on behalf of  
Capitol Corporate Services, Inc.

Registered Agent's Signature

5. The name and address of the person authorized to manage and control the limited liability company, as the sole manager, is Jan Borghardt, 3350 SW 148th Avenue Suite 110 Miramar, FL 33027.
6. These Articles shall be effective upon the filing of these Articles.

/s/ Jan Borghardt

Jan Borghardt, Authorized Person

(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.)