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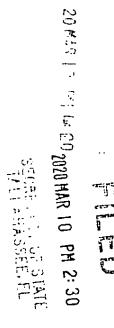
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J. FASON MAR 1 0 2020



COVER LETTER

Division of Cor			
SUBJECT: Po	RTER EMERAI Name of Lim	LD COAST ENTE	RPRISES, L.L.C.
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
,	JAYCE POR	TER Name of Person	
		Name of reison	
	235 Hillsi	de Drive	
	Niceville, F jaycebpor i-mail address: (to be used	L 32578 ity/State and Zip Code Fer@gMail. com for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
JAYCE	Porter at (719) 205 - 3863 rea Code Daytime Telephon	
Enclosed is a check for the	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>e Address</u> iling Section	Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PORTER EMERALD COAST ENTERPRISES, L.L.C. (Must conatin the words "Limited Liability Company. "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
235 Hillside Drive Niceville, FL 32578	235 Hilside Prive Nicevill, FL 32578

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:

JAYCE PORTER			
Name			
235 Hillside Drive			
Florida street address (P.O. Box NOT acceptable)			
Mirevile.	FL	32578	
City	State	Zip	

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)

(CONTINUED)

020 MAR 10 PM 2: 30

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) (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,

REOUIRED 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 contributes a third document of State.

constitutes a third degree felony as provided for in \$.817.155, F.S.

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 50.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)