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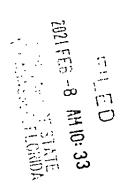
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(City/State/Zip/Phone #)
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(Document Number)
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## COVER LETTER

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	New Filing Sec Division of Co							
SUBJEC		oast Crafts						
SUBJEC	'	Name of	Limited Liabil	ity Company				
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.				
		ondence concerning this						
	Billie Wray	Kennedy Jr						
			Name of	Person				
	Emerald Co	ast Crafts						
			Firm/Co	mpany				
	SOSS State 1	lighway 83 N						
		iigiiway 65 i	Addr	ess	<del></del>			
	Dallimint C	prings, Florida 32433	,,,,,,,	•••				
	Deruniak S	prings, Florida 32433	6: 16:	12' 6 1	·			
	emeraldcoast	crafts@gmail.com	City/State an	d Zip Code				
		E-mail address: (to be us	sed for future a	nnual report notificati	on)			
For further	information co	oncerning this matter, ple	ease call:					
	Tammy Kennedy		850	974-1295 _)				
	Nan	ne of Person	Area Code	Daytime Telephone				
Enclosed	is a check for t	the following amount:						
	00 Filing Fee	■\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	□\$160.00 F Certificate o Certified Co (additional cop	f Status &	2621	
	New F Divisi P.O. F	ng Address Filing Section on of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230.	ivision issee et, Suite 810		FEE -8 AH 10: 33	-

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

Title:	Name and Address:		
"AMBR" = Authorized M	ember		
"MGR" = Manager			
AMBR	Billie Wray Kennedy Jr		
ABIBIC	8085 State Highway 83 N		
	DeFuniak Springs, FL 32433		
	m v l		
AMBR	Tammy Kennedy		
	8085 State Highway 83 N DeFuniak Springs, FL 32433		
	Del umak Springs, 1 & 52455		
AMBR	Merilee Kennedy		
	1315 Rosewood Cove Niceville, FL 32578		
	Meeyine, 1 to 32576		
(Use attachment if necess:	a-ul		
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