

L22000162525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

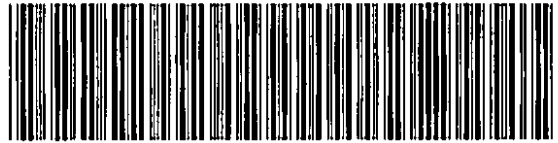
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

S. CHATHAM

APR 19 2022



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03/14/22--01036--027 **160.00

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22 APR 14 AM 9:01

SECRETARY OF STATE
FALLAHASSEE, FL 32002



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2022

RANDY STRICKLAND
341 CONFIDENCE WAY
PANAMA CITY, FL 32409 US

SUBJECT: EMERALD COAST PROPERTIES OF NORTH WEST FLORIDA LLC
Ref. Number: W22000043900

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 922A00007784

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22 APR 14 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMERALD COAST PROPERTIES OF NORTH WEST FLORIDA LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANDY STRICKLAND

Name of Person

Firm/Company

341 CONFIDENCE WAY

Address

PANAMA CITY FL 32409

City/State and Zip Code

rkstrickland@emeraldcoastpropertiesofnwfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY STRICKLAND

423

284-0460

at

Name of Person

Area Code

Daytime Telephone Number

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)

☒ \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 APR 14 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL 32303
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMERALD COAST PROPERTIES OF NORTH WEST FLORIDA LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

341 CONFIDENCE WAY
PANAMA CITY FL 32409

Mailing Address:

341 CONFIDENCE WAY
PANAMA CITY FL 32409

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:

RANDY STRICKLAND

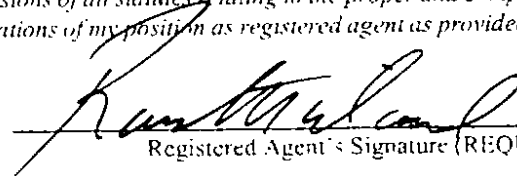
Name

341 CONFIDENCE WAY

Florida street address (P.O. Box **NOT** acceptable)

<u>PANAMA CITY</u>	<u>FL</u>	<u>32409</u>
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)

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22 APR 14 AM 9:02
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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

RANDY STRICKLAND

341 Confidence Way
Panama City FL 32409

AMGR

BRANDON STRICKLAND

155 Meridian Rd
Panama City FL 32409

(Use attachment if necessary)

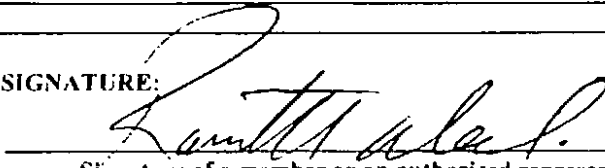
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

RANDY STRICKLAND

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)

22 APR 14 AM 9:11/2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED