

Division of Corporations

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.

((H12000076653 3)))



H120000766533ABC/

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) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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

FLORIDA LIMITED LIABILITY CO.  
EMX Technologies LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

RECEIVED

12 MAR 23 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

12 MAR 23 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

MAR 26 2012

EXAMINER

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/23/2012

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMX Technologies LLC

Name of Limited Liability Company

The enclosed Articles of Organization and (ss)(r) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annemarie Brown

Name of Person

McElroy, Deutsch, Mulvaney & Carpenter, LLP

Firm/Company

One State Street, 14th floor

Address

Hartford, CT 06103

City/State and Zip Code

abrown@mdmc-law.com

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

For further information concerning this matter, please call:

Annemarie Brown

at (860

) 524-7016

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

☐ \$135.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED 03/23/2012 09:56

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EMC Technologies, LLC

(Must end with 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:**

4200 Dow Street, Suite C  
Melbourne, FL 32934

**Mailing Address:**

Same

**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:

C.T. Corporation System

Name

1200 South Pine Island Road

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

Maitland, FL 32754

City, State, and 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 608, F.S.

By: C.T. Corporation System

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**SALVIA ANENTA-GRAY**  
**SPECIAL ASSISTANT SECRETARY**

RECEIVED  
12 MAR 23 AM 10:02  
CLERK OF COURT  
JANUARY 2014  
CLERK OF COURT  
JANUARY 2014

**ARTICLE IV - Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGM" = Managing Member

MGR

Timothy Aron

4200 Dow Street, Suite C

Melbourne, FL 32934

MGR

Robert V. Gibbs

4200 Dow Street, Suite C

Melbourne, FL 32934

MGR

James M. Hartmann

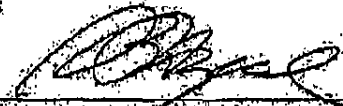
4200 Dow Street, Suite C

Melbourne, FL 32934

(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.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.10(3), 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.)

Stephen B. Hazard, Authorized Representative

Typed or printed name of signer

**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)

Page 2 of 2

FILED 03/23/2012 09:56