

Division of Corporations

L23000475573

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H230003631073))



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**FLORIDA LIMITED LIABILITY CO.
EMI WOODS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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REGISTRAR TALLAHASSEE, FL

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Corporate Filing Menu

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T. MATTHEWS

OCT 18 2023

(H23000363107 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 OCT 17 PM 4:40

EMI WOODS LLC

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

DEPT. OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4259 SW 72nd Avenue
Miami, FL 33155

4259 SW 72nd Avenue
Miami, FL 33155

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:

DOWNTOWN ACCOUNTING MIAMI

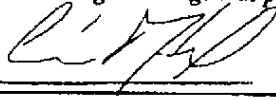
Name

255 E FLAGLER ST, SUITE 101

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

<u>MIAMI,</u>	<u>FL</u>	<u>33131</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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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	HECTOR MARIO ARBELAEZ 4259 SW 72nd Avenue Miami, FL 33155
AMBR	DIANA CAROLINA MARTINEZ ARIAS 4259 SW 72nd Avenue Miami, FL 33155
AMBR	CESAR AUGUSTO BETANCUR MORALES 4259 SW 72nd Avenue Miami, FL 33155
_____	_____
_____	_____

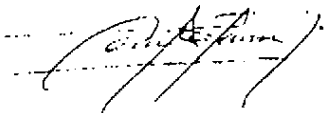
(Use attachment if necessary)

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.

CESAR AUGUSTO BETANCUR MORALES

Typed or printed name of signer

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