

L16000102140

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.

((H16000127025 3)))



H160001270253ABCY

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)617-6381

From:

Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990000127
Phone : (305)477-5671
Fax Number : (305)477-2640

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

Email Address: mcastro.engineer@gmail.com

FLORIDA LIMITED LIABILITY CO.

Emmtech Solutions, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

16 MAY 25 AM 11:14

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

5/26/16

16 MAY 25 PM 12:10

STATE OF FLORIDA
DIVISION OF CORPORATIONS
15 MAY 25 PM 12:10
STATE OF FLORIDA
DIVISION OF CORPORATIONS

((H16000127025 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **EMMTECH SOLUTIONS, LLC.**

ARTICLE II - ADDRESS

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

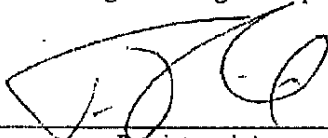
140 Park Avenue
Tavernier, FL 33070

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent is:

Frank A. Rosillo
7950 N.W. 53th Street Suite#221
Doral, FL 33166

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

((H16000127025 3)))

FILED
MAY 25 2016
CLERK OF CIRCUIT COURT
15:07:25 PM 12:10

(((H16000127025 3)))

ARTICLE IV - MANAGEMENT

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

Name and Address:


-AMBR - Authorized Member

Mabel A. Castro
140 Park Avenue
Tavernier, FL 33070



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

(In accordance with section 605.0203 (1) (b), 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 the State Constitutes a third degree felony as provided for in s.817.155, F.S.)

✓ 
Mabel A. Castro

Filing Fees:

\$125.00 Filing Fee for Articles of Organization
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

(((H16000127025 3)))

FILED
DEPT. OF STATE
CORPORATION
MAY 25 PM 12:11