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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	04/20/2022	a: DW
	 -	Acc#I20160000072	4: () = W
Name:	520EM LLC		
Document #:			
Order #:	14282886		
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		(Thank you!)	

COVER LETTER

	w rung Sec vision of Cor					
ern teze	520EM LL					
SUBJECT		Name	of Lim	ited Liabili	ty Company	
The enclose	ed Articles of	Organization and 6	ee(s) are	submitted	for filing.	
Please retur	n all correspo	ndence concerning	this mat	iter to the f	ollowing:	
	MONICA M	ORENO, SENIOR	PARAI	LEGAL		
				Name of	Person	<u>.</u>
	MCDONAL	D HOPKINS LLC				
				Firm/Co	mpany	
	600 SUPER	OR AVENUE E.,	SUITE :	2100		
				Addr	ess	
	CLEVELAN	VD. OH 44114				
			Ci	ity/State an	d Zip Code	
-	doug@emed.		be used	for future a	innual report notification	on)
For further in		ncerning this matte			·	
	MONICA M	ORENO	21 _at (6	348-5406	
	Nam	e of Person			Daytime Telephone	e Number
Enclosed is	a check for t	he following amou	nt:			
\$125.00	Filing Fee	□\$130.00 Filing Certificate of St		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi	ng Address Tiling Section on of Corporations Box 6327			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

2022 APR 20 PM 3: 29

				FORE MAK SE	
520EM LLC				SECRETE	
(Must co	ntain the words "Limited Liab	bility Company, "L	.L.C.," or "LLC.")	TALLAHA	
CLE II - Address: iling address and street	address of the principal offic	e of the Limited Li	ability Company is:		
Princi	Principal Office Address:		Mailing Address:		
990 Biscayne Blyd	990 Biscayne Blvd., Suite 1501		990 Biscavne Blvd., Suite 1501		
Miami, FL 33132		Miami, FL 33132			
CLE III - Registered A	gent, Registered Office, & In the service of the serve as its own Registration.)	Registered Agent's	s Signature:	individual or	
CLE III - Registered A mited Liability Compa- business entity with a	ny cannot serve as its own Re	Registered Agent's	s Signature:	individual or	
CLE III - Registered A mited Liability Compa- business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag C T Corporation System	Registered Agent' gistered Agent. Yo ent are:	s Signature:	individual or	
CLE III - Registered A mited Liability Compa- business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag C T Corporation System	Registered Agent' gistered Agent. Yo	s Signature:	individual or	
CLE III - Registered A mited Liability Compa- business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag C T Corporation System	Registered Agent? gistered Agent. Yo gent are:	s Signature:	individual or	
CLE III - Registered A mited Liability Compa- business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag <u>C T Corporation System</u> N	Registered Agent' gistered Agent. Yo ent are: n !ame	s Signature: ou must designate an	individual or	
CLE III - Registered A mited Liability Compa- business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered ag C T Corporation System N 1200 South Pine Island	Registered Agent' gistered Agent. Yo ent are: n !ame	s Signature: ou must designate an	individual or	

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..

C T Corporation System

Laura Droderick

Registered Agent's Signature (REQUIRED) Laura Brodenck Assistant Secretary

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:	
	authorized Member	
"MGR" = Man		
MGR	Edward W. Landon 990 Biscayne Blvd., Suite 1501	
	Miami, Fl. 33132	
MGR	Michael P. Cole	
	990 Biscayne Blvd., Suite 1501	
	Miami, FL 33132	
	1922	
<u>M</u> GR	Doug Mee	T
	Miami, FL 33132 2 2	9
	So the second se	्राच्यामा
		, Caracti Dog
		,
(Use attachme	ent if necessary)	
AUTICLE V. Effective	re date, if other than the date of filing: (OPTIONAL)	
(If an effective date is li	listed, the date must be specific and cannot be more than five business days prior to or 90 da	vs after
the date of filing.)	instead the date mast be specific and cannot be made many to a second and the sec	-
Note: If the date insert	rted in this block does not meet the applicable statutory filing requirements, this date will not be	listed as
	ve date on the Department of State's records.	
A DOMESTICAL COLL		
ARTICLE VI: Other pr	rovisions, if any.	
		_
REOURED	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.	
	Andrew M. Kulpa, Authorized Representative	
	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)