## Florida Department of State

Division of Corporations Public Access System

**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.

(((H03000256701 1)))

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)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

ems supply, lic

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

W3-30901

H03000056701

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

EMS SUPPLY, LLC

ARTICLE II - Address:

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

400 Kings Point Dr Suite 103 Sunny Isles, Beach, FL 33160
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signsture:

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

Luz A Perez

Name

400 Kings Point Dr Suite 103

Floride succe address (P.O. Box NOT acceptable)

Sunny Isles Beach Ft 33160

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 deties, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 608, F.S.

City, State, and Zip

Registered Agen's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.406(3). Florida Statute, the exacution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Luz A Perez
Typed or printed name of signee

Filing Fact: \$100.06 Filing For for Articles of Organization

5 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of States (Oprional)

403000000000001