L0 3000037692

(Re	equestor's Name)		
(Address)			
(Ad	ddress)		_
(Cit	ty/State/Zip/Phone	∍#)	_
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	_
(Do	cument Number)	 	
Certified Copies	Certificates	of Status	-
Special Instructions to Filing Officer:			

Office Use Only



300023194213

03/23/03--01009--001 **160.00

03 SEP 29 PH 2: 13

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMS LLC (Name of Limited Li	ability Company)
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Suzan S. Steat (Name of Person)	<u>es</u>
EMS LLC (Firm/Company)	<u></u>
PO Box 411 (Address)	-
Winter Pack FL 3 (City/State and Zip Code)	32790-0411
For further information concerning this matter, ple	ease call:
Suzan Strates at (- (Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

E. Jay and Suzan Strates PO Box 411 Winter Park, FL 32790-0411 (407) 539-1448

September 19, 2003

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 DIVISION OF CORPORATIONS

NO SEP 29 PM 2: 13

To Whom It May Concern:

I am submitting my completed "Articles of Organization for Florida Limited Liability Company" application. Enclosed is a check for \$160. Additionally, I am requesting a certified copy of filing and a certificate of status.

If you should have any questions, please do not hesitate to call me at the contact information provided above.

Sincerely,

Suzan Strates

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: EMS LLC

ARTICLE I - Name:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Comp	any is:	,
Principal Office Address: Mailing Address:		
1700 Faugett Road PO Box 411 Winter Park, Fl Winter Park Fl 32789 32790-00	411	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	O3 SEP	DIVISION
The name and the Florida street address of the registered agent are:	29	유글
E. Say Strates	9 PM	CORPOR
Florida street address (P.O. Box NOT acceptable)	2:13	AFFICIE
City, State, and Zip	4	, a 14 7
Having been named as registered agent and to accept service of process for the above stated l	imited	

(CONTINUED)

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..

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Suzan S. Steates PO Box 411 United Park FL 32790-0411
MGRM	PO Box 411 Winter Pack Fl 32790-0411
	DIVISION OF CORP
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
(In accordance with section of this document constituent that the facts stated herein	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution attes an affirmation under the penalties of perjury in are true.) and or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)