

**L03000038550**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

## LIMITED LIABILITY COMPANY

## EMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY  
COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**EMS LLC**

**ARTICLE II: Address**

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

1597 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FLORIDA 34952

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

DAVID SCHREIER  
1597 SE PORT ST LUCIE BLVD  
PORT ST LUCIE, FLORIDA 34952

Having been named as registered agent 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 608, F.S.



DAVID SCHREIER / Registered Agent's Signature

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TALLAHASSEE, FLORIDA

H03000293518 3

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PAGE 2 **EMS LLC**

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed company.

ARTICLE V: MEMBERS (optional)

Managing Member:

ELIEZER MORGANSTIN

1597 SE PORT ST LUCIE BLVD

PORT ST LUCIE, FLORIDA 34952

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Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ELIEZER MORGANSTIN

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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