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# TRANSMITTAL LETTER

The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JORGE CALVO (Name of Person)			
(Name of Person)			
SYSTEMS DIMENSIONS, INC. (Firm/Company)			
11926 S.W. 73RD TERRACE (Address)			
Miani, FL 33183-3744  (City/State and Zip Code)			
For further information concerning this matter, please call:			

#### STREET ADDRESS:

TO:

Registration Section Division of Corporations

SUBJECT: EMALL SAVINGS L.L.C.
(Name of Limited Liability Company)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## **MAILING ADDRESS:**

at (305) 778-0123 (Area Code & Daytime Telephone Number)

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 24, 2003

JORGE CALVO SYSTEMS DIMENSIONS, INC. 11926 S.W. 73RD TERRACE MIAMI, FL 33183-3744

SUBJECT: EMALLSAVINGS L.L.C. Ref. Number: W03000030916

We have received your document for EMALLSAVINGS L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 903A00057948

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

eMALLSAVINGS L.L.C.

Mailing Address:

MIAMI, FL 33.	183-3744	Miami,	, FL 33183	= <del>274</del> C 3 - 379
ARTICLE III - Registered	l Agent, Registered Of	ffice, & Registered	Agent's Signature	:
The name and the Florida st	reet address of the regis	stered agent are:		
_ 70	DRGE CAL Name	VO	_	
_ <del></del>	6 S.W. 73			
	orida street address (P.O. Bo	33183-	3744	

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 608, F.S..

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r .
MGRM	JORGE CALVO
	11926 SW 73 TERRACE MIANI, FL 33183-3744
MGR	JORGE COSTA 218 SHORE DRIVE SOUTH
	MIAMI, FL 33133
MGR	GEORGE UTSET
	8061 SW 119 CT. MIAMI, FL 33183
<del></del>	e i e e e e e e e e e e e e e e e e e e

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

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.)

JORGE CALVO

Typed 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)