

L03000050794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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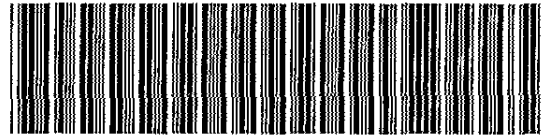
(Business Entity Name)

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TALLAHASSEE, FLORIDA

03 DEC -8 PM 12:32

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TALLAHASSEE, FLORIDA

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03 DEC -8 PM 12:32  
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TALLAHASSEE, FLORIDA

VALIDATION ONLY

12/5/03

Requestor's Name Joel Baum  
Address ISIS University Dr. #2009  
Coral Springs, FL 33071  
City State Zip Phone  
(954) 752-1712A

CORPORATION(S) NAME

EMM Enterprises Three, LLC

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                      |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                        |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other <u>LLC</u> |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent  |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal      |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                  |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up          |
| <input checked="" type="checkbox"/> Walk In        |  | <input type="checkbox"/> Mail Out                    |

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Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Article I – Name  
EMM Enterprises Three, LLC


Article II – Address:  
The mailing address and street address of the principal office of the Limited Liability Company is:

5001 N. W. 72 Ave.  
Miami, Florida 33166

Article III – Registered Agent, Registered Office, & Registered Agent's Signature


Mike Ben-David  
5001 N. W. 72 Ave.  
Miami, Florida 33166

*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.*

✓   
\_\_\_\_\_  
Registered Agent'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.

✓   
\_\_\_\_\_  
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.)*

Mike Ben-David  
\_\_\_\_\_  
Typed or printed name of signee