

L040000009906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

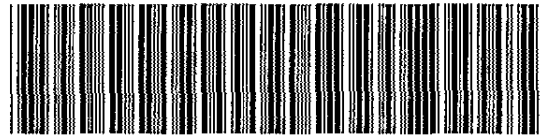
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FF \$125



100025825411

EFFECTIVE DATE

02/01/04

01/30/04--01008--005 **125.00

FILED
2004 JAN 30 AM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN FEB - 5 2004

Florida Limited Liability Company

TO: Registration Section
Division of Corporations

SUBJECT: EMS Identify, LLC

The enclosed Articles of Organization and the fee of \$125.00 are submitted for filing.
Please return all correspondence regarding this matter to:

**Matthew K. Brown
EMS Identify, LLC
2601 Wells Avenue, #141
Fern Park, FL 32730**

For further information concerning this matter feel free to call Matthew Brown at
407-436-4859.

FILED
2009 JAN 30 AM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 JAN 30 AM 2:01
CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

Article I – Name

The name of this Limited Liability Company is: **EMS Identity, LLC.**

Article II – Address

The mailing address and street address of the principle office of the Limited Liability Company known as **EMS Identity, LLC** is:

Principle Office:

2601 Wells Ave, #141
Fern Park, FL 32730

Mailing Address:

2601 Wells Ave, #141
Fern Park, FL 32730

EFFECTIVE DATE
02/01/04

Article III – Registered Agent

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

Matthew K. Brown
2601 Wells Ave, #141
Fern Park, FL 32730

*Having been named as registered agent and to accept service of process for **EMS Identity, LLC**, 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, Florida Statutes.*



Matthew K. Brown
Registered Agent

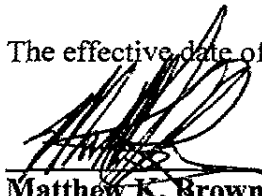
Article IV – Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member for **EMS Identity, LLC** is as follows:

Matthew K. Brown
2601 Wells Avenue, #141
Fern Park, FL 32730

Article V – Effective Date

The effective date of this limited liability is **February 01, 2004.**



Matthew K. Brown, Manager
EMS Identity, LLC

FILED
2004 JAN 30 AM 2:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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