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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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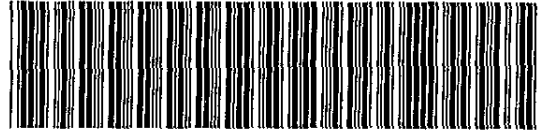
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L04-63693
OK

22136 Palms Way #103
Boca Raton, FL 33433

Ed Shaland

August 19, 2004

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

Dear Sir or Madam:

This is a cover letter indicating my name, Edward Shaland my address, 22136 Palms Way #103 Boca Raton, FL 33433 and my daytime phone number 561-361-1953.

Sincerely,

Ed Shaland

Ed Shaland

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EME Enterprises LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed Shaland
(Name of Person)

EME Enterprises LLC
(Firm/Company)

22136 Palms Way #103
(Address)

Boca Raton FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Ed Shaland at (954) 304-6766
(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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EME Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

22136 Palms Way #103
Boca Raton, FL 33433

Mailing Address:

22136 Palms Way #103
Boca Raton, FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Ed Shuland
Name
22136 Palms Way #103
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL FLORIDA 33433
City, State, and Zip

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, Florida Statutes.

Ed Shuland
Registered Agent's Signature

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04 AUG 2004
STATE
TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Emi Shaland

6805 Willow Wood Dr. #5063
Boca Raton, FL 33434

MGR

Ed Shaland

22136 Palms Way #103
Boca Raton, FL 33433

MGRM

Michiko Shaland

6805 Willow Wood Dr. #5063
Boca Raton, FL 33434

(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.)

Emi Shaland

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)