

L05000016513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

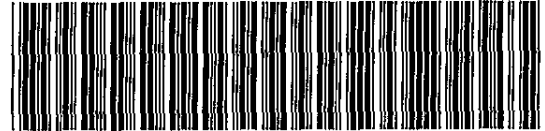
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

769-5-2000

Charter Number Only

VALIDATION ONLY

2/10/05

Requestor's Name

Address

City

State

Zip

Phone

Atlantic

CORPORATION(S) NAME

E-Micro Solutions LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB 17 PM 3:05

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☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

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Availability

Document

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Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

E-Micro Solutions, LLC.

Article II - Address:

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

Principal Office Address:

9520 SW 40TH ST.

SUITE 208

MIAMI, FL. 33165

Mailing Address:

9520 SW 40TH ST.

SUITE 208

MIAMI, FL. 33165

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

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

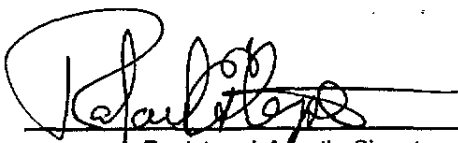
RAFAEL ESTEPE
Name

2971 SW 38 Ave
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33134
City, State, and Zip

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TALLAHASSEE, FLORIDA

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 / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

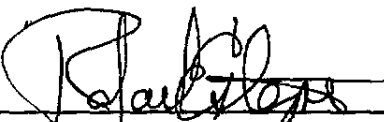
MGRM

RAFAEL ESTEPE
2971 SW 38 Ave
MIAMI, FL. 33134

(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.)

RAFAEL ESTEPE

Typed or printed name of signee