SECRE TALLAH	TARY OF STATE ASSEE, FLORIDA IN THE PROPERTY OF THE PROPERTY O
(Requestor's Name)	
(Address)	7000660
(Address)	100000
(City/State/Zip/Phone #)	02/17/06010
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



14247

D32--008 **155.00

COVER LETTER

FILED

TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MRSR. EIN (Name of Person) EMBODE DESIGNS, LLC
(Firm/Company) NE 83^{PD} STREET (Address) For further information concerning this matter, please call: Enclosed is a check for the following amount: ☑ \$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & ☐ \$160.00 Filing Fee,

Mailing Address

Certificate of Status

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

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status & Certified Copy

(additional copy is enclosed)

FILED

-5	
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY TALLAHASSEE, FLORIDA ARTICLE I - Name:	Ь
ARTICLE I - Name: The name of the Limited Liability Company is:	4
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L,C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
MIAMI, FL 33138 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Name	
Florida street address (P.O. Box NOT acceptable)	
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, F.S	

Registered Agents Signature (REQUIRED)

(CONTINUED) Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Man	naging Member(s):	LED	
The name and address of each Mana	ger or Managing Member is as follows	, ,	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECR	FEB 17 P 1: 36 ETARY OF STATE HASSEE, FLORIDA	
MGRM	1231 NE 83 MOST MIAMI, FL 33138		
MGR	BULLE BYNOTE, 11 1474 INDIANOIA AUS COLUMBUS, OHIO 430	<u></u>	
MGR	LCNOR= GARDNETT 7047 PISSONNETT R. HOUSIGH, TY 77074	±65	
MGR	1231 NE 8320 MIANI, FL 3313		
(Use attachment if necessary)) f		
ARTICLE V: Effective date, if other than the date of filing: (0.15) (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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