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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

# **COVER LETTER**

TO:

Registration Section

Division of Corporations		
SUBJECT: EMO PRORPHY HOLDING 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:		
Eugene E. Mobley SR. (Name of Person)	<del></del>	
EMO Property LLC. (Firm/Company)	_	
3000 S.W. 5# STREET (Address)	-	
F1. Lauderdale F1 3331/ 300	06,	
(City/State and Zip Code)		1
For further information concerning this matter, please call:	-5 PM	HE HE
RAY HOWARD  at (1-866-843-1040 P)  (Name of Person)  (Area Code & Daytime Telephone Number)	ا ا	
(Name of Person) (Area Code & Daytime Telephone Number)	52	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$2 \\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
EMO PROPERTY H	OLDING, LLC.
(Must end with the words "Limited Liability Company, "Limited Co	mpany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the princi	nal office of the Limited Liebility Company is
The maning address and sheet address of the princi	par office of the Limited Liability Company is:
Principal Office Address:	lailing Address:
3000 S.W. 5th Street	P.D. BOX 101147
Ff, Layner Dale, FL	Ft. Laurier Dale, FC
333/1	333/0
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regis	
Q44 11- 1405	-5 F
DAY HOWAKU	—————————————————————————————————————
-	FREE T CP. OF STATE 22 (P.O. Box NOT acceptable)
_2931 N.W. 8世 St	TREET SHE
	(P.O. Box NOT acceptable)
Ft. Laurleand FL City, State, and Z	
City, State, and 2	ир
Having been named as registered agent and to acce liability company at the place designated in this o	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..

s Signature (REQUIRED)

(CONTINUED) Page 1 of 2

### 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  MCL	Name and Address:  Eyoene E, Mobley SR	
	~ PD. BOX 1011491 Ft. Landerdale Fl 23310	
	06 JU	
	PETANY OF STATE FLORID	前四
(Use attachment if necessary)	ROA SZ	· )
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior	
to or you may be areon the date of ming.		

### **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.)

Eugene E. MOBIEY, SR.
Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

