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SECRETARY OF STATE
AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Emergent Investments, L.L.C (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:		
Mark R. Miller (Name of Person)		
(Name of Person)		
\ .		
(Firm/Company)		
18314 N.W 68th Ave Apt-N		
Hialeah, FL 33015 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Mark R. Miller at (786) 859 - 9052 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emergent Investments (Must end with the words "Limited Liability Company, "Limited Com	npany" 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: Ma 18314 NW 68th Ave.	SAV		
Higher FL 33015			
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 N.W 68 th Aver	P.O. Box NOT acceptable)		
Having been named as registered agent and to acceptiability company at the place designated in this coregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform	ertificate, I hereby accept the appointment as urther agree to comply with the provisions of all		

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	Mark Miller 18314 N.W 68" Ave, Apt - N Hialeah, FL 33015	
(Use attachment if necessary)		
	ate of filing: (OPTIONAL) pecific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		
\mathcal{O}		
Signature of a member of	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.)		
Mark Typer	d 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)