

L06000086414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

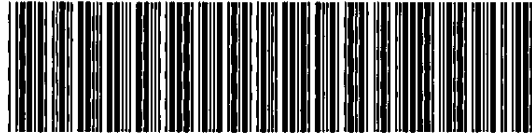
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 350362 4344659

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 155.00

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 1, 2006

ORDER TIME : 11:06 AM

ORDER NO. : 350362-005

CUSTOMER NO: 4344659

DOMESTIC FILING

NAME: EEM, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
EEM, LLC**

**FILED**  
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TALLAHASSEE, FLORIDA

**ARTICLE I – Name**

The name of the Limited Liability Company is: EEM, LLC

**ARTICLE II – Address**

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

19786 Loxahatchee Pointe  
Jupiter, FL 33458

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

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

*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 in Chapter 608, Florida Statutes.*

By: \_\_\_\_\_

*Carina L. Dunlap*

**Carina L. Dunlap  
Asst. Vice President**

  
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.)

Allison R. Nelson, Esq.  
Typed or printed name of signee

**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)**