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(Re	equestor's Name)	
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07/01/07

DIVISION OF CORPORATIONS
ON JUN 22 PM 12: 39

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: EMJ	Investment Grou	p,LLC	
	(Name o	of Limited Liability Co	mpany)
Dear Sir or Madam:			
The enclosed Article	es of Correction and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this	s matter to the followin	g:
Debra L. Wr	iaht		
	(Name of Person)		_
EMJ Investme	ent Group, LLC (Firm/Company)		_
1903 Sylveste			_
	(Address)		
Lakeland, Flo	rida 33803 (City/State and Zip Code)		<u>-</u>
For further informati	ion concerning this matter,	please call:	
Debra L. Wrigh		at (_863	<u>)</u> 286-2316
(N	ame of Person)	(Area Code &	& Daytime Telephone Number)
STREET/COURIE Registration Section Division of Corporal Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	for the following amount:	:	
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☑ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT: EMJ	Investment Group,	LLC d Liability Compa	mu)	·	
	(ivame of Linne	d Liabinty Compa	шу)		
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing	; .		
Please return all corr	espondence concerning this matte	er to the following	:	<u>.</u>	
Debra L	Wright			07 JM 22 PM 12: 39	'n.
	(Name of Person)		22 04	Ŷ
EMJ Inv	restment Group, LL	_C		2 2	25.6
	•	(Firm/Company)		Į.	7
2575 G	erber Dairy Road			<i>ي</i> م	ì
		(Address)			
Winter	Haven, Florida 3	3880			
<u> </u>		/State and Zip Code)	the same of the sa	
For further informati	on concerning this matter, please	call:			
Debra L. Wri	ght	at (863	286-23	16	
(Na	me of Person)	(Area Code	e & Daytime T	elephone Number)	
Enclosed is a check	for the following amount:				
\$125.00 Filing Fe	ee \$\int \$130.00\$ Filing Fee & Certificate of Status	\$155.00 Fit Certified Copy (additional copy)	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation wilding cutive Center ee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA **ARTICLE I - Name:** The name of the Limited Liability Company is: EMJ Investment Group, LLC (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: EMJ Investment Group, LLC EMJ Investment Group, LLC 2575 Gerber Dairy Road 2575 Gerber Dairy Road Winter Haven, Florida 33880 Winter Haven, Florida 33880 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: Debra L. Wright Name 1903 Sylvester Road Florida street address (P.O. Box NOT acceptable) Lakeland, Florida 33803 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..

(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" = Mana "MGRM" = Mana	iger inaging Member	Name and Address:	
	magnig Memoer		
MGR		Debra S. Wright	
		2575 Gerber Dairy Road	
		Winter Haven, Florida 33880	_ 2
MGMR		Debra L. Wright	107 JUH 22 PM 12: 3
		1903 Sylvester Road	
		Lakeland, Florida 33803	7
			~ ~
MGMR		Ashlee Maree Wright-Haggins	多
		2575 Gerber Dairy Road	<u></u>
		Winter Haven, Florida 33880	
(Use attachmen	t if necessary)		
CLE V: Effective	e date, if other than the	e date of filing: 07/01/2007 . (OP) be specific and cannot be more than five busin	,
CLE V: Effective	date, if other than the sted, the date must blate of filing.) IGNATURE:		TIONAL) ess days p
CLE V: Effective effective date is left of the control of the cont	e date, if other than the isted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with se	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury	,
CLE V: Effective effective date is left of the control of the cont	date, if other than the isted, the date must be late of filing.) IGNATURE: Signature of a member of this document considerations.	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury	,

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)