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DIVISION OF CORPORATIONS

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T. HAMPTON

JUL - 6 2009

EXAMINER

COVER LETTER

10:	Division of C				
SUBJE	CT·	E.I	M ONL	INE LLC.	
50 502		Name of Limit	ed Liabilit	y Company	
The end	closed Articles	of Organization and fee(s) are	submitted	for filing.	
Please 1	return all corres	pondence concerning this mat	ter to the f	ollowing:	
-		Juan Jac	cobo Ca	stillo Navarro	
			Name of i	rerson	
-		E.N		NE LLC.	
			Firm/Con	ıpany	
	5440 18th ct west				
			Addre	SS	
		Brade	nton/Flo	orida/34207	
-	City/State and Zip Code				
_		E-mail address: (to be used to	nline@y	/ahoo.com	ion)
For furt	ther information	concerning this matter, please		mun report notificat	iony
	Juan Jacob	o Castilio Navarro	_ at (786 ₎	972-0608
	Name	of Person	Ä	Area Code & Daytim	e Telephone Number
Enclos	ed is a check f	or the following amount:			
]\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certi	00 Filing Fee & ified Copy is enclose	S160.00 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]] (Street/Courier Ade Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: E.M ONLINE LLC. (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")					
Principal Office Address:	Mailing Address:				
5440 18th ct west Bradenton/Florida/34207	5440 18th ct west Bradenton/Florida/34207				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another				
Juan Jacobo Cas					
Name					
5440 18th	ct west				
Florida street address (P.O.)	Box NOT acceptable)				
Bradenton, 34207	FL				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nd Zip Accept service of process for the above stated limited his certificate, I hereby accept the appointment as a limither agree to comply with the provisions of all afternance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.				
Juan Casti					
Registered Agent's Signatu	ire (REQUIRED)				
(CONTINU	JED)				

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Juan Jacobo Castillo Navarro 5440 18th ct west Bradenton/Florida/34207 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _______. (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:** 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.) Juan Jacobo Castillo Navarro Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)