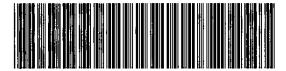


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
ALLAHASSFF, FIORIDA

COVER LETTER

-	TO: Registration Section Division of Corporations
	SUBJECT: Emotiland, 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:
	William M. Daniels, C.P.A.
	Name of Person
	William M. Daniels, P.A.
•	Firm/Company
	235 S. Maitland Avenue, Suite 209
	Address
	Maitland, FL 32751
	City/State and Zip Code
	nat@natlevi.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	William M. Daniels, C.P.A. at (407) 661-1257
	Name of Person Area Code & Daytime Telephone Number
	Enclosed is a check for the following amount:
Z	\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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: Emotiland, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 235 S. Maitland Avenue, Suite 209 Same Maitland, FL 32751 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:

William M. Daniels, C.P.A.

Name

235 S. Maitland Avenue, Suite 209

Florida street address (P.O. Box NOT acceptable)

Maitland

FL 32751

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

	Name and Address:
"MGR" = Manager "MGRM" = Managing M	ember .
Widness - Wallaging Wi	entoci
MGR	Carole Ann Watt
	235 S. Maitland Avenue, Suite 209
	Maitland, FL 32751
MGRM	David Levi
	235 S. Maitland Avenue, Suite 209
	Maitland, FL 32751
MGRM	Manuel Levi
	235 S. Maitland Avenue, Suite 209
	Maitland, FL 32751
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(Use attachment if necess	ary)
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ffective date is listed, the days after the date of fili REQUIRED SIGNATU Signatur (In accordance we constitutes an affiliam aware that a	date must be specific and cannot be more than five business daying.)

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)

Typed or printed name of signee