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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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## **COVER LETTER**

TO:

**Registration Section** 

Divisio	of Corporations	
SUBJECT:	E.MARI	KETING ONLINE LLC.
<del></del>	Name of Limi	ited Liability Company
The enclosed Art	cicles of Organization and fee(s) are	e submitted for filing.
Please return all	correspondence concerning this ma	tter to the following:
	Julian	A. Aguilar Navarro
		Name of Person
	E.MARK	ETING ONLINE LLC.
		Firm/Company
	3550 59th	Ave Dr West Apt D205
<del></del>		Address
	Brade	enton/Florida/34210
	C	ity/State and Zip Code
	e.marke	tingonline@yahoo.com
		for future annual report notification)
For further inforr	nation concerning this matter, pleas	e call:
Julia	n A. Aguilar Navarro	at ( 941 ) 704-3786  Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
<b>√</b> \$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lir	mited Liability Company	is:	
(Mus	E.MARKETING st end with the words "Limited Lie	ONLINE LLC. ability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		principal office of the Limited L	iability Company is:
Principal Office Ac	ddress:	Mailing Address:	
3550 59th Ave Dr Bradenton/Florida		3550 59th Ave Dr West // Bradenton/Florida/34210	Apt D205
(The Limited Liability Cor		red Office, & Registered Agent' egistered Agent. You must designate an indiv	
The name and the F	lorida street address of th	e registered agent are:	= 588
	Julian A. Aç	guilar Navarro	JAN 12
	Nar	me	70元
	3550 59th Ave D	r West Apt D205	<b>2</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
-		O. Box NOT acceptable)	<b>a</b> 32
	Bradenton, 34210	FL.	
-	City, State	e, and Zip	
liability compan registered agent and statutes relating to	y at the place designated i d agree to act in this capa o the proper and complete	to accept service of process for the in this certificate, I hereby accept to city. I further agree to comply with performance of my duties, and I are gistered agent as provided for in Capature (REQUIRED)	he appointment as h the provisions of all m familiar with and

(CONTINUED)

#### 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" = Manager	
MORM — Manag	ging Memoer
MGR	Julian A. Aguilar Navarro
	3550 59th Ave Dr West Apt D205
	Bradenton/Florida/34210
(II. w. 1	
(Use attachment if	necessary)
LE V: Effective dat	te, if other than the date of filing: (OPTIONA
	d, the date must be specific and cannot be more than five business day
days after the date	
REQUIRED SIGN	NATURE:
=	
S	ignature of a member or an authorized representative of a member.
C	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.)
	Julian A. Aguilar Navarro
_	Typed 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)