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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
MAY 10 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: EMJN L.L.C.		
5000		l Liability Company	
The e	inclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please	e return all correspondence concerning this matter	r to the following:	
	Erick Corps		
		Name of Person	
		Firm/Company	TPS PO
	5024 Torroy Hills Land		THE TIME
	5034 Torrey Hills Lane	Address	- FO - F
		redicas	KEJARY OF STATE
	Lutz, Florida 33558		mg 3 C
	·	State and Zip Code	LOS IN
	mariaortiz27@hotmail.com	r future annual report notification)	3
For fu	urther information concerning this matter, please	į	y -
Eric	ck Corps	at (813) 442-1648	
	Name of Person	Area Code & Daytime Telephone Num	ber
Enclo	osed is a check for the following amount:	_	
\$125.0	00 Filing Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status}	Certified Copy Certification (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy al 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 Limited Liability Company is:

EMJN L.L.C.		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
5034 Torrey Hills Lane	5034 Torrey Hills Lane	
Lutz, FL 33558	Lutz, FL 33558	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Erick Corps	own Registered Agent. You must designate an indivi	iduuLoLAHASSE
	Name	
5034 Torrey	Hills Lane	PHIZ 39 OF STATE E. FLORIDA
Florida	street address (P.O. Box NOT acceptable)	
Lutz	_{FL} 33558	
	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

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Erick Corps 5034 Torrey Hills Lane		
	Lutz, FL 33558		
MGRM	Maria Ortiz		
	5034 Torrey Hills Lane Lutz, FL 33558		
	 		
	⋝∽	2011	
	LEC PE	HAY	""
(Use attachment if necessary)	HASS	(Y - 9	1
ARTICLE V: Effective date, if other than the	date of filing: (OPT)	NA)	
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business	days pr	ion

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Erick Corps 3

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)