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SECRETÁRY OF STÁTE TÁLLÁHASSEE: FLORIDA

SEP 25 2012

COVER LETTER

CUD ICCT.	EMAJ Man	agement, LLC.	
SUBJECT:		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Ja	cques Lucas	
	EMA	J Management, LLC	.
3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Firm/Conipany	
	43 S. Poi	mpano Parkway, #3	77
-		Address	720 77AL
	Pompan	o Beach, FL 33069	2012 SEP 24 SEGRETÄRY I ALLANDASSEE
	•	/State and Zip Code	P 21
		ucas2@gmail.com or future annual report notification)	
For further information	concerning this matter, please	•	AM : 8# 42 DF:STATE DFELORIDA
Jacque	es Lucas	at (954) 707-8425	1:-
Name	of Person	at (954) 707-8425 Area Code & Daytime Tele	ephone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Of Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMAJ Management, 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:
43 S. Pompano Parkway, #377	43 S. Pompano Parkway, #377
Pompano Beach, FL 33069	Pompano Beach, FL 33069
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 and the Florida street address of the registration. Jacques Lie Name	egistered agent are: UCAS PART OF THE PROPERTY OF THE PROPER
City, Star	te, 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..

Registered Agent's Signature (REQUIRED)

(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:

	= Manager //" = Manag	r ging Member	Name and Address:
MGR			Jacques Lucas
10101		-	43 S. Pompano Parkway, #377
			Pompano Beach, FL 33069
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		_	N. SE
			AZ AZ
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(Use atta	achment if	necessary)	
CLE V: E effective of 90 days af	Effective dat	te, if other than the date must e of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days
CLE V: E effective of 90 days af	Effective dat late is listed ter the date RED SIGN	te, if other than the date must e of filing.)	be specific and cannot be more than five business days
CLE V: I effective o	Effective dat late is listed ter the date RED SIGN	te, if other than the date must e of filing.)	
CLE V: E effective of 90 days af	Effective date is listed ter the date RED SIGN Grant (In accord constitute I am awar	te, if other than the d, the date must e of filing.) NATURE: Signature of a members an affirmation under that any false info	be specific and cannot be more than five business days
CLE V: E effective of 90 days af	Effective date is listed ter the date RED SIGN Grant (In accord constitute I am awar	te, if other than the d, the date must e of filing.) NATURE: Signature of a members an affirmation under that any false info	be specific and cannot be more than five business days ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State

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)