## U2-000137712

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
/P.:	siness Entity Na	me)
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(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. CLINE
OCT 3 0 2012
EXAMINER

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SECRETARY OF STATE
ANALYSES IN SERIO.

## **COVER LETTER**

_	istration Section ision of Corporations		) ****
SUBJECT:	EMJ Installatons LLC		
	Name of Limi	ited Liability Company	
The enclosed	Articles of Organization and fee(s) are	e submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
Ear	n James	N CD	
		Name of Person	
EM	IJ Installations LLC		
		Firm/Company	_
602	28 Whispering Trees La	ine	
<del></del>		Address	
Port	Orange, FI 32128		
		ity/State and Zip Code	
emj4	1512@gmail.com  E-mail address: (to be used	for future annual report notification)	
For further in	formation concerning this matter, pleas	•	
Ean Jame	- · · ·		
Ean Jame	Name of Person	at (386 ) 5470733  Area Code & Daytime Telephone Number	
	142201	Add Code & Dayline Texphone Manage	
Enclosed is a	a check for the following amount:		
\$125.00 Filinį	g Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Per of deal and year day

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOWN OF BY A DAME.				
ARTICLE I - Name: The name of the Limited Liability Company	is:			
EMJ Installations LLC				
(Must end with the words "Limited I	.iability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6028 Whispering Trees Lane	6028 Whispering Trees Lane			
Port Orange, Fl 32128	Port Orange, Fl 32128			
The name and the Florida street address of t  Ean James	he registered agent are:			
N	атпе			
6028 Whisperia	ng Trees Lane			
Florida stree	t address (P.O. Box NOT acceptable)			
Port Orange	<sub>FL</sub> 32128			
City	y, State, and Zip			
liability company at the place designated	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all			
	e performance of my duties, and I am familiar with and			
accept the obligations of my position as i	registered agent as provided for in Chapter 608, F.S			
Designed Asset S	ignature (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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mer	nber
MGR	Ean James
	6028 Whispering Trees Lane
	Port Orange, FI 32128
	<u> </u>
(Use attachment if necessar	у)
IOV E V. Portaine data icent.	er than the date of filing: October 24 2012 (OPTIONAL)
•	te must be specific and cannot be more than five business days p
90 days after the date of filing	<del>},)</del>
REQUIRED SIGNATUR	F.
REVUIRED SIGNATUR	E.
	12
	of a member or an authorized representative of a member.
Signature	·
Signature (In accordance with	section 608.408(3), Florida Statutes, the execution of this document
Signature ( In accordance with constitutes an affirm I am aware that any	a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true.
Signature (In accordance with constitutes an affirm I am aware that any constitutes a third d	a section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. If also information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
Signature ( In accordance with constitutes an affirm I am aware that any	a section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. If also information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

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)