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(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EMI-LAS,	LLC
	Name of Limited Liability Company
The enclosed Articles of Organization	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Richard B. Mai	rshall
	Name of Person
EMI-LAS, LLC	
	Firm/Company
251 E 7th Ave	
	Address
Tallahassee, F	L 32303
	City/State and Zip Code
garay@emiarch.co	
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning this	s matter, please call:
Lisa Garay	850 <u>222-7442</u>
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the followi	ng amount:
	Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, e of Status Certified Copy (additional copy is enclosed) 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 Limited Liability Company i	s:	
EMI-LAS, LLC.		
(Must end with the words "Limited Lia	bility Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of th	e Limited Liability Company is:
)		
Principal Office Address:	Mailing Addres	<u>38:</u>
251 E 7th Ave	251 E 7th Ave	
Fallahassee, FL 32303	Tallahassee, FL 3230)3
		
ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	gistered Agent. You must de	esignate an individual or another
Richard B. Marshall Nan		
inan	ne	
251 E 7th Ave		
	address (P.O. Box <u>NOT</u>	acceptable)
Tallahassee,	_{FL} 32303	
City,	State, and Zip	
Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this cape all statutes relating to the proper and compa and accept the obligations of my position as	n this certificate, I he acity. I further agree lete performance of n	reby accept the appointment as to comply with the provisions of ny duties, and I am familiar with
2mh	um	
Registered Agent's Sign	nature (REQUIRED)	
(CONTI	•	HAR 28 P
Page 1 c	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> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Richard B. Marshall
,	251 E 7th Ave
	Tallahassee, FL 32303
MGR	Warren Williams
	1201 Peachtree Street N.E.
	Atlanta, GA 30361
MGRM	Elliott Marshall Innes, P.A. 25) East 7th Auc Tallahassee FL 32303
<u>MGRM</u>	Lord Aeck Sargent Architecture 1201 Peachtree St NE Atlanta, Ga 303601
(Use attachment if necessary)	
Signature of	a member or an authorized representative of a member.
(In accordance with se constitutes an affirmat I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
Richard B. Ma	arshall
	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)