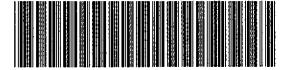
# 113000099176

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
·	

Office Use Only



500249472985

07/12/13--01031--022 \*\*125.00

EFFECTIVE DATE 0715-13

ZIII JUL I 2 PH I2: 24
SECRETARY OF STATE

B. BOSTICK

JUL 1 5 2013

EXAMINER



# John T. Driscoll, P.A.

# Certified Public Accountant \ MBA

825 SE 3<sup>rd</sup> Ave, Suite 200

Telephone (352) 622-5664

Ocala, FL 34471

Fax (352) 671-5373

Member FICPA

E-mail: cpa@jtdriscollcpa.com

**July 3, 2013** 

Secretary of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314 2813 JUL 12 PM 12: 2 SECRETARY OF LIADE TALLAHASSEE, FLORII

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for EMMALEE ENTERPRISES, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee

\$ 125.00

Total

\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A. 825 SE 3<sup>rd</sup> Ave, Suite 200 Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions please call me at (352) 622-5664.

Sincerely.

John T Driscoll CPA

Enclosures

# ARTICLES OF ORGANIZATION FOR EMMALEE ENTERPRISES, LLC

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

### **ARTICLE I. - NAME**

The name of this limited liability company is:

#### EMMALEE ENTERPRISES, LLC

#### ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

12537 SE 55TH AVE ROAD BELLEVIEW, FLORIDA 34420

#### ARTICLE III. - REGISTERED AGENT

KYLE L SHEFFIELD 12537 SE 55TH AVE ROAD BELLEVIEW, FLORIDA 34420

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..

Signature

E L SHEFF

legistered Agen

Date

7-8-13

# **ARTICLE IV. – MANAGING MEMBERS**

# KYLE L SHEFFIELD 12537 SE 55TH AVE ROAD BELLEVIEW, FLORIDA 34420

# **ARTICLE V. - TERMS OF EXISTENCE**

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be JULY 15, 2013

Signature

TLE L SHEFFIELD

Date 7-8-13

2813 JUL 12 PH 12: 21