

05/09/13

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000197984 3)))



H130001979843ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MONAHAN MIJARES CPA PA  
Account Number : I20050000157  
Phone : (305) 407-1438  
Fax Number : (305) 297-1003

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
EMERALD 34, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

RECEIVED  
13 SEP -6 AM 6:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
13 SEP -6 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(850) 245-6051.

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: Emerald 34, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing:

Please return all correspondence concerning this matter to the following:

**Roark R. Monahan**

Name of Person

**Monahan-Mijares CPA, PA**

Firm/Company

**2519 Galiano Street, Suite 703**

Address

**Coral Gables, FL 33134**

City/State and Zip Code

**elismor.castillo@mma.com.ve**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Roark R. Monahan** at **305 407-1440**

Name of Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for 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 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:

EMERALD 34, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**19333 COLLINS AV. SUNNY ISLES BEACH UNIT 1907.  
MIAMI, FL 33180**Mailing Address:**2519 Galiano Street, Suite 703  
Coral Gables, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Roark R Monahan CPA

Name

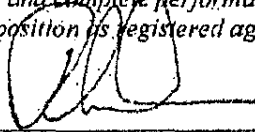
2519 Galiano Street, Suite 703Florida street address (P.O. Box **NOT** acceptable)Coral Gables

FL

33134

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

13 SEP - 6 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRJACOBO TOLEDANO ABADI19333 COLLINS AV. SUNNY ISLES BEACH UNIT 1907.MIAMI, FL 33160MGRFORTUNA FREWA DE TOLEDANO19333 COLLINS AV. SUNNY ISLES BEACH UNIT 1907.MIAMI, FL 33160

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Roark R. Monahan

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)

FILED  
13 SEP -6 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA