

L15000194985

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 NOV 20 PM 12:40

W15- 074/06

11/23/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2015

RICKY POINTER  
1186 W. WELLINGTON DR.  
DELTONA, FL 32725

SUBJECT: EMINAR PRO SERVICES LLC.  
Ref. Number: W15000074106

We have received your document for EMINAR PRO SERVICES LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00023785

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 20 PM 12:40

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Eminar Pro Services 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:**

## Ricky Pointer

Name of Person

Firm/Company

1186 W. Wellington Dr.

**Address**

Deltona Fl. 32725

City/State and Zip Code

EminarPro@gmail.com

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

**For further information concerning this matter, please call:**

**Mary Pare**

386

228-5311

at

Name of Person

Area Code

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)

1

**\$160.00 Filing Fee,**

**Certificate of Status &  
Certified Copy**

(additional copy is enclosed)

**Mailing Address**

**New Filing Section**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

**New Filing 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:

Eminar Pro Services, 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:

1186 W Wellington Dr  
Deltona, FL 32725

Mailing Address:

1186 W Wellington Dr  
Deltona, FL 32738

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:

Mary Pare

Name

2713 Thornberry Ct

Florida street address (P.O. Box **NOT** acceptable)

Deltona

FL

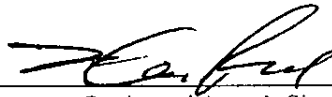
32738

City

State

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 605, F.S.,*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Ricky Pointer

1186 W Wellington Dr

Deltona, FL 32725

AMBR

Mark Pare Jr

2713 Thornberry Ct

Deltona, FL 32738

(Use attachment if necessary)

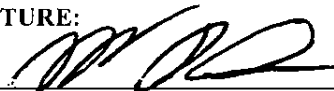
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

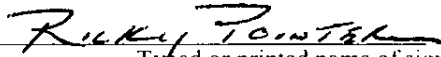
**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



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)