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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SEURETARY OF STATE
HATSION OF CORFORATION
15 HOV 10 PM 2: 51

EFFECTIVE DATE 11/05/15

COVER LETTER

Registration Section

TO:

Div	ision of Corporations	
SUBJECT:	ELMB Florida LLC	
50202000	Nar	ne of Limited Liability Company
The enclosed	d Articles of Organization and	fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to the following:
1	Robert Larson	.f.
-		Name of Person
ŀ	ELMB Florida LLC	
-		Firm/Company
2	2551 Drew Street, Stc. 206	
-		Address
(Clearwater, Florida 33765	
bo	ob@coastal-consulting-scrvice	City/State and Zip Code
	E-mail address: (to	be used for future annual report notification)
For further inf	formation concerning this matt	er, please call:
R	Robert Larson	727 644 3704 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	a check for the following amou	nnt:
]\$125.00 Fili	ng Fee S130.00 Filing Certificate of S	
	Mailing Address	Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability	Company is:			
ELMB Florida LLC		v*		
(Must end w	ith the words "Limite	ed Liability Cor	npany, "L.L.C.," or "LLC.")	
		•		
ARTICLE II - Address:	deann a f tha main air al	office of the Li		
The mailing address and street ad-	aress of the principal	office of the Li	inited Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Ad	dress:
2551 Drew Street, Ste	. 206		2551 Drew Street, Stc.206	
Clearwater, FL 33765		······································	Clearwater, FL 33765	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its ow ctive Florida registrat	n Registered A		individual or
The name and the Fronda street at	adiess of the register	od agent are.		
	Robert Larson	 		
		Name		
	2551 Drew street, S	ic. 206		
	Florida street addre	ess (P.O. Box N	OT acceptable)	
	Clearwater	FL	33765	
	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)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR Robert Larson 2551 Drew Street, Ste. 206 Clearwater, FL 33765 (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: November 5, 2015 n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day late of filing.) Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records. FICLE VI: Other provisions, if any.		Title:	Name and Address:	
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constitutes a third 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)

Robert Larson

-ARTICLE IV-

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee