(Red	juestor's Name)	
(Add	lress)	
(Add	Iress)	<u> </u>
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Rus	iness Entity Nan	ne)
(500	mess Entry Hum	110)
(Dos	cument Number)	
(500)	ament Number)	
	:e: .	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		,
RECE	IVED MAY	1 6 RECT

Office Use Only



500285793295

05/17/16--01003--021 **160.00

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Emwill Consulting, LLC		
SOBJEN		Limited Liabilit	y Company
The encl	losed Articles of Organization and fee(s)	are submitted f	or filing.
Please re	eturn all correspondence concerning this	matter to the fo	llowing:
	Richard C. Levin		
		Name of F	Person
	Emwill Consulting, LLC		
		Firm/Con	npany
	3773 Pleasant Springs Drive		
		Addre	SS
	Naples, Florida 34119		
	richardel148@yahoo.com	City/State and	Zip Code
		sed for future an	nual report notification)
For furthe	er information concerning this matter, ple	ease call:	
	Richard C. Levin	443	695-1672
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	Stiling Fee & Stiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	1	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	(Division of Corporations Clifton Building 1861 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

FILED

ARTICLE I - Name:	•			
The name of the Limited Liab	bility Company is:			16 HAY 17 AM 7: 35
				CEAN
Emwill Consultin				SECRETARY OF STATE FALLAHASSEE FLORIDA
(Must e	end with the words "Limited	I Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	et address of the principal o	office of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addr	ess:
3773 Pleasant Spi	rings Drive	3773	Pleasant Springs Drive	
Naples, Florida 3			es, Florida 34119	
<u></u>				
another business entity with The name and the Florida str	_	,		
	3773 Pleasant Spring	gs Drive		
	Florida street addres		cceptable)	
	Naples	Florida	34119	
	City	State	Zip	
Having been named as register place designated in this certific further agree to comply with th	cate, I hereby accept the app	pointment as register		

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:	16 MAY 17 AM 7:
"AMBR" = Authorized Me "MGR" = Manager	er	SECRETARY OF STA
AMBR	Richard C. Levin	TALL AHASSEE FLOR
	3773 Pleasant Springs Drive	
	Naples, Florida	
		<u> </u>
*		
fective date is listed, the da of filing.)	an the date of filing: nust be specific and cannot be more than five busines: does not meet the applicable statutory filing requireme	s days prior to or 90 days after
LE V: Effective date, if othe fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the	nust be specific and cannot be more than five business	s days prior to or 90 days after
LE V: Effective date, if othe fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	nust be specific and cannot be more than five business does not meet the applicable statutory filing requireme	s days prior to or 90 days after
LE V: Effective date, if othe fective date is listed, the da of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a	does not meet the applicable statutory filing requireme epartment of State's records.	s days prior to or 90 days after
LE V: Effective date, if othe fective date is listed, the da of filing.) If the date inserted in this blament's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATURE Sign This document am awarent of the fective date.	does not meet the applicable statutory filing requireme epartment of State's records.	s days prior to or 90 days after nts, this date will not be listed as member. (b), Florida Statutes.
LE V: Effective date, if othe fective date is listed, the da of filing.) If the date inserted in this blament's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATURE Sign This document is described in the date of the second in the second	re of a member or an authorized representative of a at is executed in accordance with section 605.0203 (1) (at any false information submitted in a document to the hird degree felony as provided for in s.817.155, F.S.	s days prior to or 90 days after nts, this date will not be listed as member. (b), Florida Statutes.
LE V: Effective date, if othe fective date is listed, the da of filing.) If the date inserted in this ble ument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATUR Sign This document is deconstitutes	does not meet the applicable statutory filing requirement of State's records. The of a member or an authorized representative of a state is executed in accordance with section 605.0203 (1) (at any false information submitted in a document to the	s days prior to or 90 days after nts, this date will not be listed as member. (b), Florida Statutes.