

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.

((H16000179448 3)))



H160001794483ABC7

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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

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

RECEIVED

16 JUL 26 PM 4:15

FLORIDA LIMITED LIABILITY CO.  
EMOJIS FOR YOU, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

16 JUL 26 AM 8:00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H16000179448

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY  
COMPANY  
OF  
EMOJIS FOR YOU, LLC**

**ARTICLE I - Name**

*The name of the Limited Liability Company is:*

**EMOJIS FOR YOU, LLC**

**ARTICLE II - Address**

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

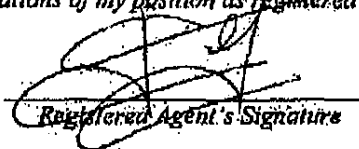
**12850 WEST STATE RD 84 LOTE 1-12  
DAVIE, FL 33325**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**JIMMY DOS REIS  
12850 WEST STATE RD 84 LOTE 1-12  
DAVIE, FL 33325**

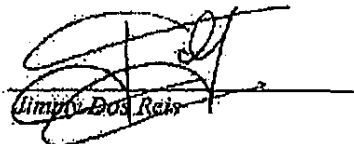
*Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**ARTICLE IV - Management (Check box if applicable)**

☒ (x) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JIMMY DOS REIS  
12850 WEST STATE RD 84 LOTE 1-12  
Davie, FL 33325**

  
Jimmy Dos Reis

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL 26 AM 8:00

H16000179448

H16000179448

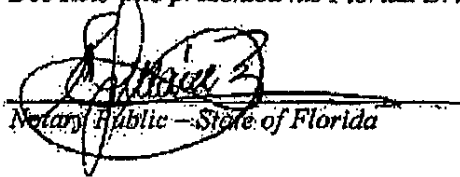
(In accordance with section 605.020(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this July 25, 2016, at Miami, FL, US.

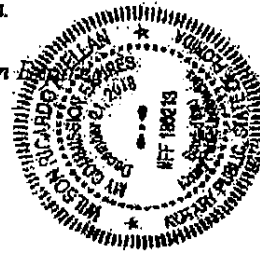
  
Jimmy Dos Reis

STATE OF FLORIDA  
COUNTY OF DADE

Sworn and subscribed before me, this 25<sup>th</sup> of July of 2016, at Miami, FL by Mr. Jimmy Dos Reis who presented his Florida Driver License as identification.

  
Notary Public - State of Florida

My Commission



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 26 AM 8:01

H16000179448