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(Req	uestor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Section
	Division of Corporation

EMERGE INVESTMENTS GROUP, LLC SUBJECT:

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:

STEPHEN MITCHELL

Name of Person

EMERGE INVESTMENTS GROUP, LLC

Firm/Company

3945 WELLINGTON PKWY.

Address

PALM HARBOR, FL 34685

City/State and Zip Code

mitchefls@tampabay tr.com

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

For further information concerning this matter, please call:

Stephen Mitchell	727	403-0113
-	_at ()	
Name af Person	Area Code	Daytime Telephone Number

Unclosed is a check for the following amount:

]\$125.00 Filing Fee

S130.00 Filing Fee & Certificate of Status S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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 Fallabassee, FL 32314 Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLEI - Name:

The name of the Limited Liability Company is:

EMERGE INVESTMENTS GROUP, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:	Mating Address:
3945 WELLINGTÓN PKWY.	3945 WELLINGTON PKWY.
PALM HARBOR, FL 34685	PALM HARBOR, FL 34685

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 Horida street address of the registered agent are:

	Name	
2803 GULF TO BAY	BLVD., SUITE 40)8
Florida street address	(P.O. Box <u>NOT</u> ad	ceptable)
CLEARWATER	<u>F1.</u>	33759

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, as Manager Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>09/30/2016</u>. (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.)

<u>Note:</u> 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:

ell untill

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, 1 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.

> STEPHEN MITCHELL Typed or printed name of signee

> > Filing Fees:

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$-30.00 Certified Copy (Optional)

8 5.00 Certificate of Status (Optional)

