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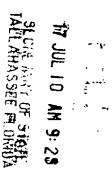
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Emma Dan Fam, 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:
Darbara A. Connor
Name of Person
Firm/Company
160 NW 74th De.
Plantation, FL 33317
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Durbura Dun Wat 847 217-D 78 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\subseteq} \$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

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

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ARTICLE 1 - Name: The name of the Limited Liability Company is:	
EMMADAN FAM LIC	
(Must contain 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: LO 830 Massa Court Driando, Fr 32810 Mailing Address: LOO NW 74th Ave Tlantation, Fr 33317	
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: Barbara A Connor Name Le D NW 74th Ale Florida street address (P.O. Box NOT acceptable) City State Zip	-
daving 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 im 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)	

Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u> (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 latutes I am aware that any false information submitted in a document to the Department Sta constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$\int_{\circ} 5.00 Certificate of Status (Optional) de

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

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ARTICLE IV- 1