PAGE 01/03

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. E M CENTRAL INVESTMENT LLC

Certificate of Status	1
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	· Name:
The name of t	the Limited Liability Company is: (Must end with the words *Limited Liability Company,
	EM central INVESTMENT LLC
	· · · · · · · · · · · · · · · · · · ·
TRICLE II	-Address:
Company is:	ddress and street address of the principal office of the Limited Liability
	6300 NW 11451.
	Haleatt. FL. 33012.
	HIB/Eatt. TL. 33012.
RTICLE III	- Registered Agent, Registered Office:
i ne name and	I the klomida street address of the registered a
ith an active Flor	erve as its own Registered Agent. You must designate an individual or another business entity ida registration.)
	Harta E. Acosta.
1	0300 NW 114 ST
	2300 140 114 37
	HIALEAH FL 33012
RTICLE IV	
he name and	title of each person authorized to manage and control the Limited
iability Comp	vany:
	Harta E. Acosta (AMBR)
	11917a C. 116051a
	(AMBR)
+	
<u></u>	·
•	
	•

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I 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.

Typed or printed name of signee

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 ray 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)