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(City/State/Zip/Phone #)

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(Business Entity Name)

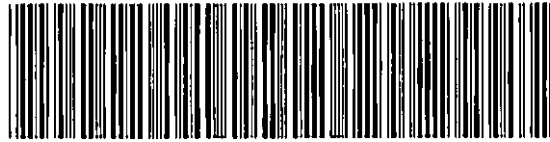
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TALLAHASSEE, FLORIDA

T SCHROEDER

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Emergency Management & Disaster Solutions, L.L.C.

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:

Stuart E. Goldberg

Name of Person

Law Offices of Stuart E. Goldberg, P.A.

Firm/Company

2039 Centre Pointe Blvd, Suite 201

Address

Tallahassee, Florida 32308

City/State and Zip Code

wkh@thf-cpa.com

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

For further information concerning this matter, please call:

Winston K. Howell

850

521-3173

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 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
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION

OF

EMERGENCY MANAGEMENT & DISASTER SOLUTIONS, L.L.C.

The undersigned, under the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

Article I. Name

The name of this limited liability company is Emergency Management & Disaster Solutions, L.L.C. ("the Company").

Article II. Duration

Unless earlier terminated under the law or the Operating Agreement, the duration of the Company shall be perpetual.

Article III. Address of Principal Office

The street address of the principal office of the Company is 2615 Centennial Boulevard, Suite 200, Tallahassee, Florida 32308. The mailing address of the Company is Post Office Box 14569, Tallahassee, Florida 32317.

Article IV. Initial Registered Agent and Address

The name and street address of the initial registered agent of the Company is Stuart E. Goldberg, 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

Article V. Admission of Additional Members

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or to become a member unless all the other members of the Company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

Article VI. Members' Rights to Continue Business

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the

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business of the Company, provided that all remaining members consent to the continuation and there is at least one remaining member.

Article VII. Management

Management of the Company shall be reserved to the members. The names and addresses of the members of the Company are:

Jeff Barbacci
Post Office Box 14569
Tallahassee, Florida 32317

Thomas Howell Ferguson P.A.
Post Office Box 14569
Tallahassee, Florida 32317

Article VIII. Indemnification

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent possible under the law.

Under penalties of perjury, I, Jeff Barbacci, declare that I have read the foregoing Articles of Organization and the facts stated in it are true.

Signed at Tallahassee, Leon County, Florida, on the 25th day of March, 2019.


Jeff Barbacci, Member

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113 of the Florida Statutes (2017), the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is Emergency Management & Disaster Solutions, L.L.C.

2. The name and address of the registered agent and office is Stuart E. Goldberg, 2039 Centre Pointe Boulevard, Suite 201, Tallahassee, Florida 32308.

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signed at Tallahassee, Leon County, Florida, on the 25th day of March, 2019.



Stuart E. Goldberg

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2019