

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-3381

From: Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
 Account Number : I20190000020
 Phone : (786) 953-7449
 Fax Number : (786) 953-7450

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
EMBIL LLC**

Certificate of Status		0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUN 14 2019

**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Article of Organization:

Article I

The name of the limited liability company is:
EMBIL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
323 MENORES AVENUE
CORAL GABLES, FL. 33134

The mailing address of the Limited Liability Company is:
323 MENORES AVENUE
CORAL GABLES, FL. 33134

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
YUREIBYS PEREZ
323 MENORES AVENUE
CORAL GABLES, FL. 33134

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: _____

Article V

The name and address of person(s) authorized to manage the LLC:

Title: AMBR
YUREIBYS PEREZ
323 MENORES AVENUE
CORAL GABLES, FL. 33134

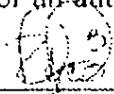


Article VI

The effective date of this Limited Liability Company Shall be:

06/12/2019

Signature of member or an authorized representative:

Signature:  _____

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.