

L200 0001 2096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

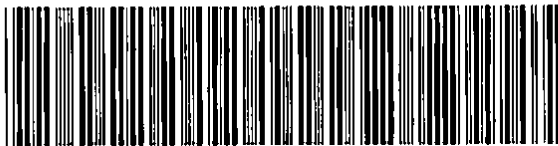
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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20 JAN 21 11:06:25
FALCONSBURG, OHIO

COVER LETTER

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

SUBJECT: EMERALDO GROUP 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:

OLGA HERNANDEZ
Name of Person
OLGA HERNANDEZ
Firm/Company
9010 SW 137 AVE SUITE 205
Address
MIAMI, FL 33186
City/State and Zip Code
emerald9557@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA HERNANDEZ at (786) 422-4309
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMERALDO GROUP LLC

(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:

Mailing Address:

8395 SW 73RD AVE APT 311

8395 SW 73RD AVE APT 311

MIAMI, FL 33143

MIAMI, FL 33143

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:

RAMBHAJAN, VIDJAILAKSHMI

Name

8395 SW 73RD AVE APT 311

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33143

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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 as provided for in Chapter 605, F.S.

Vidjailakshmi Rambhajan

Vidjailakshmi Rambhajan Jan 20, 2021

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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20 JAN 21 10:06:25
CLERK OF COUNTY CLERK
DADE COUNTY, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

RAMBAJAN, VIDJAILAKSHMI
8395 SW 73RD AVE APT 311
MIAMI, FL 33143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/20/2020 (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.)

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:

Vidjailakshmi Rambhajan

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.
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.

RAMBAJAN, VIDJAILAKSHMI
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
20 JAN 21 2021 6:55
TALLAHASSEE, FLORIDA