## U20000039239

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



700340564437

02/11/20--01012---008 \*\*125.00

2020 FEB | 1 AM | 1:07 SECN CARNOS STATE THICK HAS SEE, FL

## COVER LETTER

|             | lew Filing Sect<br>Division of Cor |   |                     |   |  |  |
|-------------|------------------------------------|---|---------------------|---|--|--|
| SUBJECT     | EM K Glob                          | al LLC  |                     |   |  |  |
| SUBJECT     | Name of Limited Liability Company  |   |                     |   |  |  |
| The enclos  | sed Articles of                    | Organization and fee                              | (s) are submitt     | ed for filing.  |  |  |
| Please retu | urn all correspo                   | ndence concerning th                              | nis matter to th    | e following:  |  |  |
|             | Emily Kwak                         |   |                     |   |  |  |
|             |                                    |   | Name                | of Person   |  |  |
|             |                                    |   |                     |   |  |  |
|             |                                    |   | Firm/               | Company   |  |  |
|             | 1132 Vinetro                       | ee Dr   |                     |   |  |  |
|             |                                    |   | Ac                  | dress   |  |  |
|             | Brandon, FL                        | . 33510   |                     |   |  |  |
|             |                                    |   | City/State          | and Zip Code  |  |  |
|             | Joseph@taxer                       |   | used for futur      | e annual report notifica                                      | tion)  |  |
| For further |                                    | ncerning this matter.                             |                     | '   |  |  |
|             | Emily Kwak                         |   | 305<br>at (         | 810-9083  |  |  |
|             | Nam                                | e of Person                                       | Area Code           | Daytime Telepho   | ne Number  |  |
| Enclosed    | is a check for t                   | he following amount:                              |                     |   |  |  |
|             | 0 Filing Fee                       | □\$130.00 Filing I Certificate of State           | Fee & □\$<br>us Cer | 155.00 Filing Fee & ified Copy onal copy is enclosed)         | □\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|             | New F                              | iling Section                                     |                     | Street Address New Filing Section                             |  |  |
|             | P.O. B                             | on of Corporations<br>lox 6327<br>assee, FL 32314 |                     | Division of Corpora<br>Clifton Building<br>2661 Executive Cen |  |  |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| EM K Global LL0   | С  |  |  |  |
|---|--|--|--|--|
| (Must c   | onatin the words "Limited  | Liability Company, "L                                  | L.C" or "LLC.")                                    |  |
| ARTICLE II - Address:<br>The mailing address and stree    | et address of the principal of   | office of the Limited L                                | ability Company is:                                |  |
| <u>Prin</u>   | cipal Office Address:  |  | Mailing Address:                                   |  |
| 1132 Vinetree Dr  |  | 1132 V   | /inetree Dr  |  |
| Brandon, FL 335   | 10   | <u>Brand</u>   | Brandon, FL 33510                                  |  |
| ARTICLE III - Registered                                  |  |  |  |  |
|   | any cannot serve as its own<br>an active Florida registration<br>cet address of the registere  | n Registered Agent. Yo<br>on.)                         |  |  |
| The Limited Liability Comp<br>mother business entity with | any cannot serve as its owi<br>an active Florida registrati  | n Registered Agent. Yo<br>on.)<br>d agent are:         |  |  |
| The Limited Liability Comp<br>mother business entity with | any cannot serve as its own<br>an active Florida registration<br>cet address of the registere  | n Registered Agent. Yo<br>on.)                         | s Signature:<br>ou must designate an individual or |  |
| The Limited Liability Comp<br>mother business entity with | any cannot serve as its own<br>an active Florida registration<br>cet address of the registere  | n Registered Agent. Yo<br>on.)<br>d agent are:         |  |  |
| The Limited Liability Comp<br>mother business entity with | any cannot serve as its own an active Florida registration and active Florida registere et address of the registere Emily Kwak  1132 Vinetree Dr | n Registered Agent. Yo<br>on.)<br>d agent are:         | u must designate an individual or                  |  |
| The Limited Liability Comp<br>mother business entity with | any cannot serve as its own an active Florida registration and active Florida registere et address of the registere Emily Kwak  1132 Vinetree Dr | n Registered Agent. Yo<br>on.)<br>d agent are:<br>Name | u must designate an individual or                  |  |

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 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..

mily A. Kwake
Registered Agent's Signature (REQUIRED)

(CONTINUED)

PILE D

2020 FEB | | AM | |: 07

## ARTICLE IV-

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

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager                         | Name and Address:  |
|--|--|
| MGR  | Emily A. Kwak<br>1132 Vinetree Dr<br>Brandon, FL 33510   |
|  |  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
| (If an effective date is listed, the date must be<br>the date of filing.)        | late of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.                     |
| ARTICLE VI: Other provisions, if any.  |  |
| REOUIRED SIGNATURE:  |  |
| Signature of a This document is exc I am aware that any f constitutes a third de | member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. |
| Emily A. Kw:   | 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)