

L 20000044720

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000050627 3)))



H200000506273ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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.
EMIFA INVESTMENT, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 FEB 13 PM 1:03

FILED

2020 FEB 13 PM 3:09

RECEIVED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I- Name:

The name of the Limited Liability Company is:

EMIFA INVESTMENT, LLC.

ARTICLE II- Address:

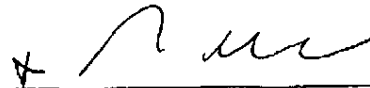
The mailing address and street address of the principal office of the Limited Liability
Company is: **1161 NW 141 AVE, PEMBROKE PINES, FL 33028**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

**FRANCESCO D ORSO
1161 NW 141 AVE
PEMBROKE PINES, FL 33028**

Having been named as registered agent and to accept service of process for the above
stated Limited Liability Company at 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.



Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 FEB 13 PM 1:03

FILED

ARTICLE IV:

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

Title:

Name and Address:

AMBR

FRANCESCO D ORSO
1161 NW 141 AVE
PEMBROKE PINES, FL 33028

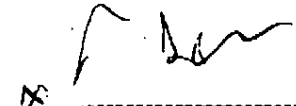
AMBR

ANGELA LUCCHESI
1161 NW 141 AVE
PEMBROKE PINES, FL 33028

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

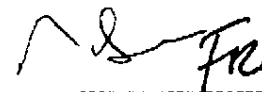
2020 FEB 13 PM 1:04

FILED



Signature of 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.)

 **FRANCESCO D ORSO**

Typed or printed name of signee.