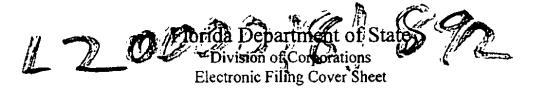
Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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.

(((H20000213059 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091 : (718)878-5811 Fax Number : (718)732-4580

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

Email Address: sales@fileacorp.com

FLORIDA LIMITED LIABILITY CO. **EMS SUPPLIES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	EMS SUPPLIES LLC		
SUBJECT		Limited Liability Company	
The enclos	ed Articles of Organization and fee(s)) are submitted for filing.	
Please retu	rn all correspondence concerning this	s matter to the following:	
		Name of Person	_
	FILE RIGHT LLC		
		Firm/Company	_
	5314 16TH AVENUE SUITE 139		_
		Address	
	BROOKLYN, NY 11204		
	sales@fileacorp.com	City/State and Zip Code	
•	E-mail address: (to be us	sed for future annual report notification)	
For further i	nformation concerning this matter, ple	ease call:	
	RACHEL 81	718 878-5811	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	s a check for the following amount:		
\$125.00 F	ling Fee \$130.00 Filing Fee & Certificate of Status		s &
	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	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

EMS SUPPLIES 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:

100 WALTHAM E

WEST PALM BEACH, FL 33417

100 WALTHAM E WEST PALM BEACH, FL 33417

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:

ELIMELECH SIMKOWITZ

Name

100 WALTHAM E

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

WEST PALM BEACH

FL.

33417

City

State

Zip

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.

/S/ Elimelech Simkowitz

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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WMBK = V	حماسية الموشيطين	Name and Address:
"MGR" = Ma	uthorized Member	
AMBR	3 111 50	ELIMELECH SIMKOWITZ
		5211 15TH AVENUE
		BROOKLYN, NY 11219
(Use attachma	ent if necessary)	
,	• •	
		of filing:
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in effective date is date of filing.) te: If the date inser document's effecti FICLE VI: Other p	ted in this block does not me ve date on the Department o rovisions, if any. SIGNATURE: Signature of a men This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date will not be list f State's records. S/ Elimelech Simkowitz Therefore an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

fax reference H20000213059 3

\$ 5.00 Certificate of Status (Optional)