

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L2000030211735425

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

From: Account Name : GONZALEZ & ASSOCIATES III PA
Account Number : I20190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: agonzalez@amefinancialgroup.com

**FLORIDA LIMITED LIABILITY CO.
EMSA USA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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2020 SEP -2 AM 11:38
TALLAHASSEE, FLORIDA



September 1, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GONZALEZ & ASSOCIATES III PA

SUBJECT: EMSA USA, LLC
REF: W20000098805

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Incomplete addresses are listed in Article IV. Please include zip codes.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H20000302117
Letter Number: 520A00016772

H200003021173

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMSA USA, 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:

ANTONIO GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III PA

Firm/Company

1820 N CORPORATE LAKES BLVD STE 107

Address

WESTON, FL 33326

City/State and Zip Code

AGONZALEZ@AMEFINANCIALGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO GONZALEZ

954

773-7286

at ()

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:

EMSA USA, 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:

1820 N CORPORATE LAKES BLVD STE 107
WESTON, FL 33326

Mailing Address:

1820 N CORPORATE LAKES BLVD 107
WESTON, FL 33326

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:

GONZALEZ & ASSOCIATES III PA

Name

1820 N CORPORATE LAKES BLVD STE 107

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

<u>WESTON</u>	<u>FL</u>	<u>33326</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

AMBR

MICROBYTES USA, LLC
15751 SHERIDAN STREET
DAVIE, FL 33331

AMBR

CARIBBEAN DREAMS, LLC
5866 NW 125TH AVE
CORAL SPRINGS, FL 33076

AMBR

MGA & SON CONSULTING, LLC
959 SW 147TH
PEMBROKE PINES, FL 33027

AMBR

FEGL TRADING CORPORATION
5014 SW 122nd TERRACE
COOPER CITY, FL 33330

(Use attachment if necessary)

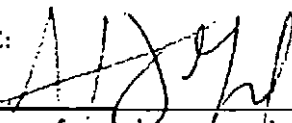
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

NONE

REQUIRED SIGNATURE:



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.

ANTONIO GONZALEZ

Typed or printed name of signer

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)

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