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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
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Email	Address		

## FLORIDA LIMITED LIABILITY CO. DEMKLLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

	E	MK	<	LLC.				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:								
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company ca	od the Florida		of the registered	agent are: au	ne Limited Liability pusiness entity			
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ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  GETATO ACEVEDO (AMBR)								
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FFF	レじコソト	DATE	-   -	· /.\				

## Required Signatures:

Signature of a 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 Depart nent of State constitutes a third degree felony as provided for in s.817.155, F.S

Typed or printed name of signee

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)