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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:\_\_

## FLORIDA LIMITED LIABILITY CO. **EMD CONSULTING GROUP LLC**

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

GAN 1'5 2021

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T. SCOTT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Community

Company is:	
EM D CONSULTING GROUP GLC	
The mailing address and street address of the principal office of the Limited Liability	
13423 SW 256th ter Homesterd FL 33032	
	-
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)	
ERNESTO Mola DIAZ	
13423 SW 256+5 ter Homestead FL 33032	-
	_
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)	
ERNESTO MOLA DIAZ MGR	_
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Page 1 ≘ = =	

## Required Signatures:

Signature of a member or an anthorized 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 berein 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.

ERNOSTO Mold DIAZ

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)