

L21000189569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

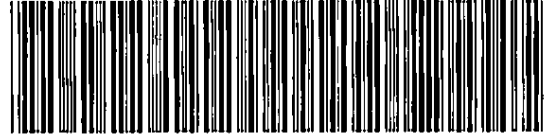
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300365312493

05/03/21--01016--012 \*\*125.00

2021 APR 30 PM 10:14

2021 APR 30 AM 10:14  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/30 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** LLC \_\_\_\_\_

1. **Emcee Management, LLC**  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_

2021 APR 30 AM 10:14  
TALLAHASSEE, FL 32303

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***ARTICLES OF ORGANIZATION OF EMCEE MANAGEMENT, LLC***

The undersigned, as the organizing Member of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for said limited liability company:

### **ARTICLE I - NAME OF LIMITED LIABILITY COMPANY**

The name of this limited liability company shall be Emcee Management, LLC.

### **ARTICLE II - PERIOD OF DURATION**

The period of duration of this limited liability company shall commence on the date of filing of these Articles, and shall continue until dissolved pursuant to Chapter 605 of the Florida Statutes.

### **ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE**

The mailing address of this limited liability company shall be P.O. Box 1274, Ft. Myers, Florida 33902. The street address of the principal office of this limited liability company shall be 1350 Monroe St., Ft. Myers, Florida 33902.

### **ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The initial street address of the registered office of this limited liability company in the State of Florida shall be 2425 Tamiami Trail N., Ste. 211, Naples, Florida 34103. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this limited liability company at that address is William D. Clements. The Members may from time to time designate a new registered agent.

### **ARTICLE V - MANAGEMENT**

This limited liability company shall be managed by the Members.

### **ARTICLE VI - NEW MEMBERS**

Additional persons may be admitted to this limited liability company as Members only with the prior written consent of all of the existing Members, or as otherwise permitted in accordance with the Operating Agreement for this limited liability company.

### **ARTICLE VII - ORGANIZING MEMBER**

The name and address of the Member of the limited liability company signing these Articles of Organization are:

Name


Katherine Wendorf, AMBR

Address

P.O. Box 1274  
Ft. Myers, Florida 33902

2021 APR 30 AM 10:14  
FILED  
CLERK OF CIRCUIT COURT  
FLORIDA


IN WITNESS WHEREOF, the undersigned Member has made and subscribed these Articles of Organization as of the 27th day of April, 2021.

  
\_\_\_\_\_  
Katherine Wendorf

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service 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 in Chapter 605 of the Florida Statutes.

Dated as of April 27, 2021

  
\_\_\_\_\_  
William D. Clements

G:\WDC\Client Files\Wendorf, Katie\2021.04.KW.wdc.Enxccc Management LLC.art.wpd

2021 APR 30 AM 10:14  
FILED  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA