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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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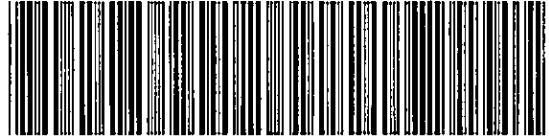
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EMS Data Integrity Solutions LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary M. Brandenburg
Brandenburg & Associates, P.A.
421 SE Osceola Street, Suite B
Stuart, FL 34994

Email address (for future annual report notifications): gary@brandenburgpa.com

For further information concerning this matter, please call:

Gary M. Brandenburg at 561-371-1824

Enclosed is a check for the following amount:

___\$125 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

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TALLAHASSEE, FL

FILED

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company is:

EMS Data Integrity Solutions LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

340 Mallard Road
Weston, FL 33327

The mailing address of the Limited Liability Company is:

340 Mallard Road
Weston, FL 33327

ARTICLE III

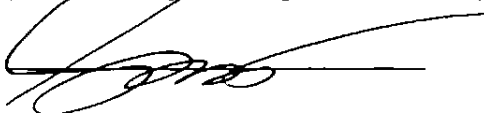
The name and Florida street address of the registered agent is:

Gary M. Brandenburg
421 SE Osceola Street, Suite B
Stuart, FL 34994

who is authorized to execute and file these Articles of Organization, and any other records, with the Florida Secretary of State and any other governmental entities.

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 Signature:



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ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Mitch Cohen 340 Mallard Road Weston, FL 33327

ARTICLE V

The name and address of members of the LLC are:

Leslie Mueller
(Mailing Address)
P.O. Box 1036
Colleyville, TX 76034

Leslie Mueller
(Fed Ex Address)
5709 Heron Drive East
Colleyville, TX 76034

Gary M. Brandenburg
421 SE Osceola Street, Suite B
Stuart, FL 34994

ARTICLE VI

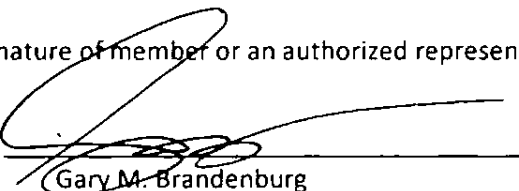
The effective date for this Limited Liability Company shall be September 30, 2021.

ARTICLE VII

The purpose of this limited liability company shall be to conduct any and all business authorized and legal under the laws of the State of Florida, USA.

Signature of member or an authorized representative of a member:

By:


Gary M. Brandenburg

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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