## L220000 26521

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone i	<del>(f)</del>
PICK-UP WAIT	MAIL MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	

Office Use Only

VA20005570



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11/2. (2) [E--02] #\*(25,00

1/25/22



## COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:		EME GLOB	al Realty.LLc.
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
ANN-MAR	IE GREEN		
		Name of Person	
	*Supr	ene Glob	aL Realty LLC
		1 With Company	
698 NW A'	VENS ST. 		
PORT SAIL	NT LUCIE FL. 34983	Address	
		ty/State and Zip Code	
smartannwis		C C	
	E-mail address: (to be used	for future annual report notificat	ion)
For further information c	oncerning this matter, please	call:	
ANN-MAR		361 3472	
Na		ea Code Daytime Telephor	e Number
Enclosed is a check for	the following amount:		
		■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Address Filing Section	Street Address New Filing Section D	vivision

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The name of the Limited Liabili		, (	11 / 1 / C	
SUPLE	Wo 21000	30 J	etty Li	
(Must con	-Mo Sloba main the words "Limited Liabi	llity Company, "	L.L.C. 7 or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal office	of the Limited I	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
698 NW AVENS S	T			
PORT SAINT LUC	IE			
<u>FL.34983</u>				
1	Clasida registration \	-	You must designate an individual or	
another business entity with ar	a active Florida registration.)			
another business entity with ar The name and the Florida stree	s address of the registered age			
another business entity with ar	SAMESHA JONES  N	ent are:		
another business entity with ar	s address of the registered age	ent are: ame		
another business entity with ar	SAMESHA JONES  SAMESHA JONES  N  972 SE PROCTOR LAN Florida street address (P	ame UE O. Box NOT a	cceptable)	
another business entity with ar	SAMESHA JONES  972 SE PROCTOR LAN	ame RE O. Box <b>NOT</b> ac		
another business entity with an The name and the Florida stree Having been named as registere place designated in this certification.	SAMESHA JONES  SAMESHA JONES  N  972 SE PROCTOR LAN Florida street address (P  PORT SAINT LUCIE  City  Indeed agent and to accept service of the I hereby accept the appoint the service of the I hereby accept the appoint	ame  RE O. Box NOT ac  FL  State  of process for the timent as registering to the proper registered agent.	cceptable)	

(CONTINUED)

2022 JAN 25 PH 3: 26

	Name and Address:
<u>Title:</u> "AMBR" = Authorized N	Member
"MGR" = Manager	
MANAGER	ANN-MARIE GREEN
	698 AVENS ST PORT SAINT LUCIE FL 34983
	PORT SAINT LUCIE PL 34763
(Use attachment if neces	ther than the date of filing: 01/05/2022 (OPTIONAL)
LE V: Effective date, if o fective date is listed, the of filing.) If the date inserted in this	ther than the date of filing: 01/05/2022 (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90 day  block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
LE V: Effective date, if o fective date is listed, the of filing.) If the date inserted in this ument's effective date on LE VI: Other provisions,	ther than the date of filing: 01/05/2022 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 day block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.
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LE V: Effective date, if of fective date is listed, the of filing.)  If the date inserted in this ument's effective date on LE VI: Other provisions,  REOUIRED SIGNAT  S This de Lam av	ther than the date of filing: 01/05/2022 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 day block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.  if any.  URE:  ignature of a member or an authorized representative of a member, becament is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State
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LE V: Effective date, if of fective date is listed, the of filing.)  If the date inserted in this ument's effective date on LE VI: Other provisions,  REOUIRED SIGNAT  SThis do I am aw constitutions.	ther than the date of filing: 01/05/2022 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 day block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.  if any.  URE:  ignature of a member or an authorized representative of a member, becament is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-