

12/19/22 12:28 PM

Division of Corporations

L22000530265

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC.

Account Number : I20190000121

Phone : (718)925-2025

Fax Number : (718)925-2027

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: service@fileitusa.com

FLORIDA LIMITED LIABILITY CO.

E & M Assets LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

22 DEC 19 PM 1:35

Electronic Filing Menu

Corporate Filing Menu

Help

((H22000425580 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

E & M Assets LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

20120 NE 25th Ct

Miami, FL 33180

Mailing Address:

20120 NE 25th Ct

Miami, FL 33180

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

Erin Maher

Name

1850 NE 199th St

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33179

City

State

Zip

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.,

/s/ Erin Maher

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 DEC 19 PM 12:35

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((H22000425580 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Erin Maher

1850 NE 199th St

Miami, FL 33179

AMBR

Michel Azafrani

20120 NE 25th Ct

Miami, FL 33180

MBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Erin Maher

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Miriam Schwartz

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

22 DEC 19 PM 12:35

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