

Division of Corporations

# L23000475573

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H23000363107 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC  
Account Number : I20230000092  
Phone : (786)356-1156  
Fax Number : (305)564-6768

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Email Address: INFO@PRIMEFILING.COM

**FLORIDA LIMITED LIABILITY CO.  
EMI WOODS LLC**

Certificate of Status	1
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TALLAHASSEE, FL

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T. MATTHEWS

OCT 18 2023

(H23000363107 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2023 OCT 17 PM 4:40

EMI WOODS LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

4259 SW 72nd Avenue  
Miami, FL 33155

Mailing Address:

4259 SW 72nd Avenue  
Miami, FL 33155

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:

DOWNTOWN ACCOUNTING MIAMI

Name

255 E FLAGLER ST. SUITE 101

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

MIAMI

FL

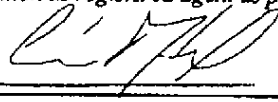
33131

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

HECTOR MARIO ARBELAEZ

4259 SW 72nd Avenue  
Miami, FL 33155

AMBR

DIANA CAROLINA MARTINEZ ARIAS

4259 SW 72nd Avenue  
Miami, FL 33155

AMBR

CESAR AUGUSTO BETANCUR MORALES

4259 SW 72nd Avenue  
Miami, FL 33155

(Use attachment if necessary)

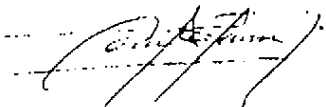
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:**



**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.

CESAR AUGUSTO BETANCUR MORALES

Typed or printed name of signee

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