

L24000495827

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000391364 3)))



H240003913643ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124

Phone : (305)476-7100

Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

FLORIDA LIMITED LIABILITY CO.

EMTRI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
2024 NOV 26 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 26 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL



November 26, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASCO KLOCK PEREZ & NIETO, P.L.

SUBJECT: EMTRI, LLC
REF: W24000157224

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Supervisor
New Filing Section

FAX Aud. #: H24000391364
Letter Number: 824A00025814

ARTICLES OF ORGANIZATION

In compliance with Chapter 605, F.S. (Limited Liability Company Act)

ARTICLE I- NAME: The name of the Florida limited liability company is:
EMTRI, LLC.

ARTICLE II- ADDRESS: The principal and mailing address of the limited liability company is: 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

ARTICLE III- PURPOSE: The limited liability company shall any and all lawful purposes and members and managers may consider from time to time.

ARTICLE IV- REGISTERED AGENT: The name and address of the registered agent of the limited liability company is:
TRANSWORLD BUSINESS MANAGEMENT, LLC
2555 Ponce de Leon Blvd., Suite 600
Coral Gables FL 33134

ARTICLE V- MANAGERS: The name and address of person(s) authorized to manage the limited liability company:

Manager- LASOTA, Juan Mauricio
Manager- LASOTA MUNOZ, Pedro
Manager- SOLAR, Cristina

All managers shall have this address: 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

ARTICLE VIII- AUTHORIZED REPRESENTATIVE: The name and address of the Authorized Representative is:
TRANSWORLD BUSINESS MANAGEMENT, LLC
2555 Ponce de Leon Blvd Suite 600
Coral Gables FL 33134

Having been named as ~~registered agent~~ to accept service of process for the above stated limited liability company ~~on the place designated in this certificate~~, I am familiar with and accept the ~~appointment as registered agent~~ and agree to act in this capacity.

Registered Agent

11/25/24
Date

I submit this document and affirm that the facts stated herein are true. 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.

Authorized Representative

11/25/24
Date