

M17000004134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

687 W17-38576

Office Use Only



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05/03/17--01025--028 \*\*125.00

MAY 16 2017  
S. YOUNG

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TALLAHASSEE, FLORIDA  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2017

MARIA LOURDES PAGAN  
27750 COWDRY STREET #303  
WESLEY CHAPEL, FL 33544

SUBJECT: EL & M TRANSPORT LLC  
Ref. Number: W17000038576

We have received your document for EL & M TRANSPORT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 417A00008841

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E & M Transport LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Maria Lourdes Pagan  
Name of Person

\_\_\_\_\_  
Firm/Company

27750 Cowdrey St #303  
Address

Wesley Chapel, FL 33544  
City/State and Zip Code

EMTransport16@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
17 MAY -3 AM 9:19

For further information concerning this matter, please call:

Eladio Pagan Jr at (413) 363-7483  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. E & M Transport LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")  
E & M Transport LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Massachusetts 3. 81-3166465  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 27750 Cowdrey St #303 6. 27750 Cowdrey St #303  
(Street Address of Principal Office) (Mailing Address)  
Wesley Chapel, FL 33544 Wesley Chapel, FL 33544

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Maria Lourdes Pagan  
Office Address: 27750 Cowdrey St #303  
Wesley Chapel, FL 33544 Florida 33544  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maria Lourdes Pagan  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>AMBR</u>	<u>Maria Lourdes Pagan</u> <u>27750 Cowdrey St #303</u> <u>Wesley Chapel, FL 33544</u>		

(Use attachments if necessary)

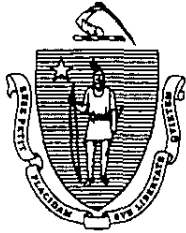
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Maria Lourdes Pagan  
Signature of an authorized person

10. 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.

Maria Lourdes Pagan  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY -3 AM 9:19



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

May 10, 2017

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**E & M TRANSPORT, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 7, 2016.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **MARIA LOURDES PAGAN**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **MARIA LOURDES PAGAN**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **MARIA LOURDES PAGAN**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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**William Francis Galvin**  
Secretary of the Commonwealth of Massachusetts



## Corporations Division

### Business Entity Summary

ID Number: 001230583

[Request certificate](#)

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Summary for: E & M TRANSPORT, LLC

**The exact name of the Domestic Limited Liability Company (LLC):** E & M TRANSPORT, LLC

**Entity type:** Domestic Limited Liability Company (LLC)

**Identification Number:** 001230583

**Date of Organization in Massachusetts:**  
07-07-2016

**Last date certain:**

**The location or address where the records are maintained** (A PO box is not a valid location or address):

Address:

City or town, State, Zip code,  
Country:

**The name and address of the Resident Agent:**

Name: STANLEY D. KOMACK, ESQ.

Address: 117 PARK AVE. STE. 300

City or town, State, Zip code, W. SPRINGFIELD, MA 01089 USA  
Country:

**The name and business address of each Manager:**

Title	Individual name	Address
MANAGER	MARIA LOURDES PAGAN	417 SPRINGFIELD ST. STE. 154 AGAWAM, MA 01001 USA

**In addition to the manager(s), the name and business address of the person(s) authorized to execute documents to be filed with the Corporations Division:**

Title	Individual name	Address
SOC SIGNATORY	MARIA LOURDES PAGAN	417 SPRINGFIELD ST. STE. 154 AGAWAM, MA 01001 USA

**The name and business address of the person(s) authorized to execute, acknowledge, deliver, and record any recordable instrument purporting to affect an interest in real property:**

Title	Individual name	Address

4/25/2017

Mass. Corporations, external master page

REAL PROPERTY	MARIA LOURDES PAGAN	417 SPRINGFIELD ST. STE. 154 AGAWAM, MA 01001	
<b>Consent</b>	<b>Confidential Data</b>	<b>Merger Allowed</b>	<b>Manufacturing</b>
<b>View filings for this business entity:</b>			
ALL FILINGS Annual Report Annual Report - Professional Articles of Entity Conversion Certificate of Amendment			
<a href="#">View filings</a>			
<b>Comments or notes associated with this business entity:</b>			
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