

M17000008930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

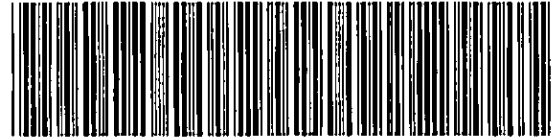
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT 19 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
10/19/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2017

ISIDORE MORRIS ROSMARIN
3300 NE 192ND ST. #518
AVENTURA, FL 33180 US

SUBJECT: EMS SERVICES LLC
Ref. Number: W17000070226

We have received your document for EMS SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 117A00017605

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117A00017605

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMS SERVICES 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:

ISIDORE MORRIS ROSMARIN
Name of Person

EMS SERVICES LLC
Firm/Company

3300 NE 192ND ST. #518
Address

AVENTURA, FL 33180
City/State and Zip Code

IMR311@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISIDORE ROSMARIN at (917) 826-6563
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. EMS SERVICES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
EMS SERVICES FL LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. NY STATE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-1069661
(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. 3300 NE 192ND ST. #518
AVENTURA, FL 33180
(Street Address of Principal Office)
6. (SAME)
(Mailing Address)

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

Name:

ISIDORE MORRIS ROSMARIN

Office Address:

3300 NE 192ND ST. #518

AVENTURA,

(City)

Florida

33180

(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.

Isidore Morris Rosmarin
(Registered agent's signature)

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

ISIDORE MORRIS ROSMARIN - MANAGER

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)

Isidore Morris Rosmarin
Signature of an authorized person

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.

ISIDORE MORRIS ROSMARIN

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

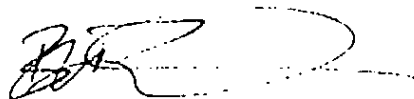
State of New York
Department of State } ss:

I hereby certify, that EMS SERVICES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/07/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of August two
thousand and seventeen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*