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| Certified Copies        | Certified Copies Certificates of Status |               |
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| Special Instructions to | Filing Officer:                         |               |
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TAPLIANASSEE, FLORIDA-



## LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

|                           |                             | Office Use Only        |
|---------------------------|-----------------------------|------------------------|
| RPORATION NAME(S) & DOCUM | MENT NUMBER(S), (ii         | f known):              |
| EM FINE FI                | NISHEDS                     | IMC.                   |
| (Corporation Name)        | (Document #)                |                        |
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| (Corporation Name)        | (Document #)                |                        |
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| (Corporation Name)        | (Document #)                |                        |
| Walk in Pick up time _    | 2.00                        | Certified Copy         |
| Mail out Will wait        | Photocopy                   | Certificate of Status  |
| EW FILINGS                | AMENDMENTS                  |                        |
|                           |                             |                        |
| Profit Not for Profit     | Amendment  Resignation of I | R.A., Officer/Director |
| Limited Liability         | Change of Regis             | stered Agent           |
| Domestication             | Dissolution/Wit             | hdrawal                |
| <b>J</b> Other            | ☐ Merger                    |                        |
| THER FILINGS              | REGISTRATION/               | <u>OUALIFICATION</u>   |
| Annual Report             | ☐ Foreign                   |                        |
| Fictitious Name           | Limited Partner             | ship                   |
|                           | Reinstatement Trademark     |                        |
|                           | Other                       | •                      |

## ARTICLES OF INCORPORATION

OF

EM FINE FINISHEDS INC.



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation shall be:

EM FINE FINISHEDS INC.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

745 W 18<sup>th</sup> ST HIALEAH FL. 33010

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF \$5.00 EACH (\$500.00)

#### ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

EDUARDO GARCIA 3530 SW 23rd TER MIAMI FL. 33145

#### ARTICLE V: INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to these Articles of Incorporation is (are):

EDUARDO GARCIA 3530 SW 23<sup>rd</sup> TER MIAMI FL. 33145

### ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

EDUARDO GARCIA - PRESIDENT 3530 SW 23<sup>rd</sup> TER MIAMI FL. 33145

The undersigned has (have) executed these Articles of Incorporation this 16 Days of July, 2010.

Signature/Title

Signature/Title

Signature/Title

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

EM FINE FINISHEDS INC.

2. The name and address of the registered agents and office is:

SIGNED:

SIGNED:

Corporate Officer) 7:55

DATE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

| SIGNATURE: |
|------------|
| DATE:      |

REGISTERED AGENT FILING FEE: \$20.00