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(R	Requestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	<u></u>
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Emerald Management Group Inc. Name of conforation - must include suffix
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following: LOVUINE Price Name of Person
Emerald Management Group, Inc.
· · · · · · · · · · · · · · · · · · ·
5155 Lees War Blud
Pensacola, FL 32504 City/State and Zip code
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 5015000 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMETED FOR REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDATION TO TRANSACT BUSINESS IN THE STATE OF TRANSACT BUSINESS IN THE STATE BUSINESS	7
1. EMEVAL MANAGEMENT Group Inc. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	14 224. ⁴
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	n
F-10:	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
1×1	
2. New Mark (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)	
4. 6 21 13 Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 5155 LEESWAY Blud. PENSAcola, FL 32504	
(Principal office address)	
(Current mailing address)	
Managament and Course of San	
8. Management and Consulting (Purpose(s) of Corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Loraine Price Office Address: 5155 Lees Way Blad Pensacola Florida 32504 (City) (Zincode)	
Office Address: 6155 Lees Way Blod	
Pennacale 27504	
(City) (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place	
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du	
and I am familiar with and accept the obligations of my position as registered agent.	
4. · O. ·	
AM (1140 MALE)	

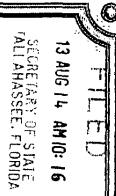
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Vice Chairman: Address: ___ Director: **B. OFFICERS** Address: Vice President: Address: _ Loraine P Secretary: _ 5155 Lees way Blood, Pensacola, FL 32504 Treasurer: Burd Pensagola Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. Loraine Price

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **EMERALD MANAGEMENT GROUP**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 21, 2013, and is in good standing in this state.

AEVADA

Electronic Certificate
Certificate Number: C20130807-2817
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 7, 2013.

ROSS MILLER Secretary of State