

F17 000003091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



900294883369

07/12/17--01024--003 **800.00

07/12/17--01024--002 **78.75

01/31/17--01009--023 **78.75

J SHIVERS

JUL 21 2017

FILED
17 JUL 10 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

234 (new)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2017

LOREAL RUSHIN
220 AUSTALIAN AVE #1
PALM BEACH, FL 33480

SUBJECT: EMERALD FINANCIAL DEVELOPMENT, INC
Ref. Number: W17000008779

We have received your document for EMERALD FINANCIAL DEVELOPMENT, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$800.00. *Confirmed 7/5/17*

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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 717A00001914

RECEIVED
2017 JUL 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Financial, Inc.

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:

Loreal Rushin

Name of Person

Emerald Financial, Inc.

Firm/Company

220 Australian Ave, #1

Address

Palm Beach, FL 33480

City/State and Zip code

LorealPalmBeach@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loreal Rushin

561

389 0119

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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 &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Emerald Financial, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Emerald Financial Development, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wyoming 3. 81 49 616 72
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 17th, 2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. January 1st, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1712 Pioneer Ave, Suite 101, Cheyenne, WY 82001
6812 (Principal office address)
- 220 Australian Ave, #1, Palm Beach, FL 33480
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Loreal Rushin
- Office Address: 220 Australian Ave, #1
- Palm Beach, Florida 33480
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. 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. 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.

Loreal Rushin

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: _____

Address: N/A

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Laura Andre

Address: 1712 Pioneer Ave suite # 6842
Cheyenne, WY 82001

Vice President: Loreal Rushin

Address: See / same as above

Secretary: Laura Andre

Address: See above

Treasurer: Loreal Rushin

Address: See above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Loreal Rushin

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Loreal Rushin

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

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

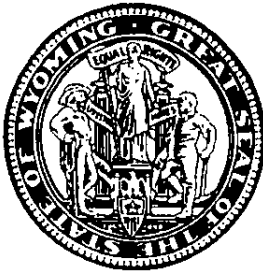
Emerald Financial, Inc.

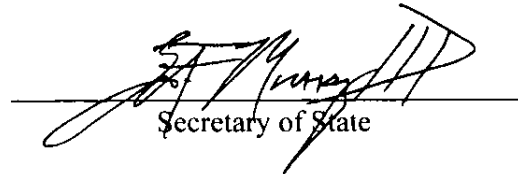
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **September 17, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000672152**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of January, 2017 at 1:20 PM. This certificate is assigned 021977026.




Secretary of State