

F22000005180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

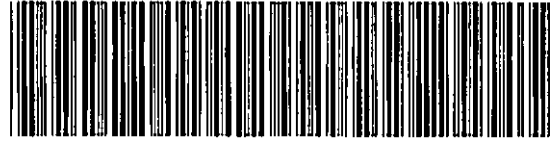
(Document Number)

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2022 AUG 15 16:45
F. B. I.
U. S. D. E. P.
J. E. D.

AUG 17 2022

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2022

MARIA PINHEIRO
ALPHA BUSINESS CONSULTING, LLC
6412 W COLONIAL DR
ORLANDO, FL 32818

SUBJECT: EMPIRE SERVICES USA, INC
Ref. Number: W22000100771

We have received your document for EMPIRE SERVICES USA, INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

No title(s) listed for Jorge William Cardenas.

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

Mel Solomon
Senior Section Administrator

Letter Number: 522A00017359

RECEIVED

AUG 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPIRE SERVICES, 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:

MARIA PINHEIRO

Name of Person

ALPHA BUSINESS CONSULTING, LLC

Firm/Company

6412 W COLONIAL DR

Address

ORLANDO, FL 32818

City/State and Zip code

pinheirmaria@gatt.net

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

For further information concerning this matter, please call:

Maria Pinheiro

at (407) 582-9830

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2022 AUG 15 PM 4:05

**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. EMPIRE SERVICES, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- EMPIRE SERVICES USA, INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MASSACHUSETTS 3. 85-0939827
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/30/2020 5. NONE
(Date of incorporation) (Date of duration, if other than perpetual)
6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 672 DENTON BLVD NW APT 4, FORT WALTON BEACH, FL 32547
(Principal office street address)
- THE SAME ABOVE
(Current mailing address, if different)

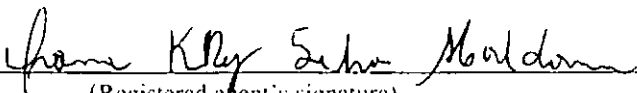
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: IVNA KELLY SILVA DE ALMEIDA

Office Address: 672 DENTON BLVD NW APT 4,
FORT WALTON BEACH, Florida 32547
(City) (Zip code)

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.


(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2022 AUG 15 PM 4:05

A. DIRECTORS

☐ Chairman Name: Ivna Kelly Silva de Almada
☐ Vice Chairman Address: 672 Denton Blvd NW Unit 4
☐ Director Fort Walton Berach, FL 32547
☒ President Fort Walton Berach, FL 32547
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: JORGE WILLIAM CARDENAS
☐ Vice Chairman Address: 672 Denton Blvd NW Unit 4
☒ Director Fort Walton Berach, FL 32547
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

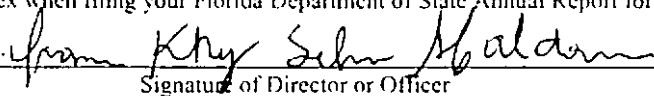
☐ Chairman Name: Ivna Kelly Silva de Almada
☐ Vice Chairman Address: 672 Denton Blvd NW Unit 4
☐ Director Fort Walton Berach, FL 32547
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ivna Kelly Silva de Almada
☐ Vice Chairman Address: 672 Denton Blvd NW Unit 4
☐ Director Fort Walton Berach, FL 32547
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

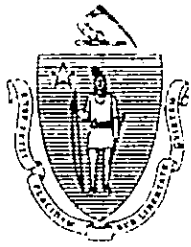
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
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. IVNA KELLY SILVA DE ALMADA
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

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

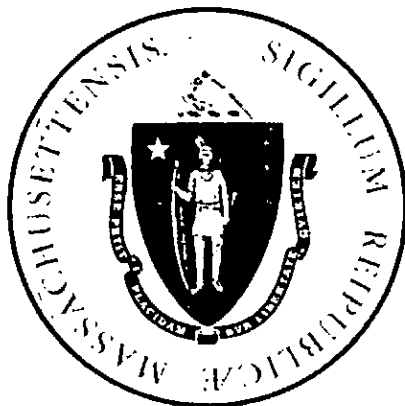
Date: July 19, 2022

To Whom It May Concern :

I hereby certify that according to the records of this office,

EMPIRE SERVICES, INC

is a domestic corporation organized on **April 30, 2020** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

Certificate Number: 22070376360

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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