P0/8803663

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: EMLYNNE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
	(FRO) OSED COM OXXI		00003963195- -04/06/010109000 ******78.75 ******78		
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:		
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Linda L. Rasmussen Name (Printed or typed)					
4803 SW 119 Avenue					
	954-252-86	State & Zip	OI APR-6 MIO: 13 SECRETARY OF SHATE SECRETARY OF SHATE		

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
EMLYNNE, Inc.	12 18 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1803 SW 119th Ave. Compen City, FL. 33330 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Business Services	ON RAISON IS
ARTICLE IV SHARES The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Linda L. Rasmussen. CEO / President.	#
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Linda L. Rasmussen 4803 SW 119th Avenue Cooper City, FL. 33330 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Linda L. Kasmussen 4803 SW 119+kAvenue Coopen City, FL. 33330 *********************************	*********
Having been named as registered agent to accept service of process for the above stated con certificate, I am familiar with and accept the appointment as registered agent and agree to a	poration at the place designated in this
Signature/Registered Agent	<u>4-3-01</u> Date
Signature/Incorporator	<u>4-3-01</u> Date