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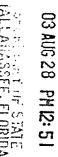
(Requestor's Name)				
(Address)				
(Address)				
(1001033)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dualitess Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

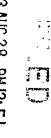
Office Use Only



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· TRANSMITTAL LETTER

EMECHARD Construction Corporation

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

	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	i a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	Λ1	ADDITIONAL CO	DPY REQUIRED
FROM:	Alejandro P Name	(Printed or typed)	
-	8099 W 1	5 Lane	<u> </u>
-	HIALEAH City,	FL 33014 State & Zip	1
-	786-287 Daytime To		orbara gave
			THORIZATION BY PHONE TO
			re 9-3-03
1	NOTE: Please provide the or	•	C. EXAM V

LED

ARTICLES OF INCORPORATION

1 2 6

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 03 AUG 28 PM 12: 51

TALLAHASSEE, FLORIDA

ARTICLES I NAME The name of the corporation shall be:

EMECHARD CORPORATION

PRINCIPAL OFFICE

The principal place of business/mailing address:

8099 WEST 15 LANE HIALEAH, FLORIDA 33014

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

TILE, GRANITE AND MARBLE INSTULATION

ARTICLE IV SHARES The number of shares of stock is:

100 SHARES AT NO PĀR VALUE

INITIAL OFFICERS/DIRCTORS ARTICLE V

The name(s), address(es) and title(s):

ALEJANDRO PEREZ - PRESIDENT 8099 WEST 15 LANE **HIALEAH, FLORIDA 33014**

TILED

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent 83 AUG 28 PH 12: 51

MARIA VICTORIA PEREZ 8099 WEST 15 LANE HIALEAH, FLORIDA 33014

DECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

ALEJANDRO PEREZ – PRESIDENT 8099 WEST 15 LANE HIALEAH, FLORIDA 33014

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Company ___

Date