

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





02/25/04--01048--002 **70.00

TRANSMITTAL LETTER

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

(I ROI OSED CORI ORATE MAND - MODI II CHEME CONTIND				
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	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	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Edvando Su Name	(Printed or typed)		
15120 NATURE WOLK				
	TAMPA, City	State & Zip 33	624	
Daytime Telephone number				

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



04 MAR 16 AM 11: 44

Glenda E. Hood Secretary of State

March 8, 2004

EDUARDO SUAREZ 15120 NATURE WALK TAMPA, FL 33624

SUBJECT: E & M INC.

Ref. Number: W04000009202

We have received your document for E & M INC.. However, the document has not been filed and is being returned for the following:

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000012500.

Please return the 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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 204A00015192

Division of Comparations DO DOY 6997 Wellshopped Black a 99914

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: EDvardo T	Theire
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15150 NA+10N NALK TAMPA, FL 33624 ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 OPERATE AS A TILE CONTR	THE TO THE TOP SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE IV SHARES The number of shares of stock is: 100 Shares - Por Nalve 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO List name(s), address(es) and specific title(s): Edvar do Svarco3 - Pr MARIBEL O Svare3 - Sec	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Edvardo Svarcoz 15120 Nation Walk TAmpa, FL: 33624	
The name and address of the Incorporator is: Eduando Svaroz 15120 Nayion Mark TAMPA, FL. 33624	*********
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and	
Signature/Registered Agent	2-/7-09 Date

Signature/Incorporator
Edvardo Svarez