

POS000074677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

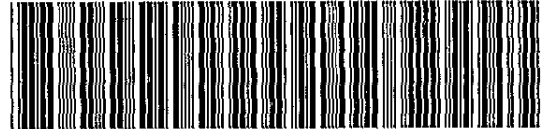
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115/20/05--01023--002 **78.75

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05 MAY 20 PM 4:36

Val 5/23/05

TRANSMITTAL LETTER

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

SUBJECT: EMRC NOTARY SERVICES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 COPY REQUIRED

FROM: MADELYN MONJE

Name (Printed or typed)

11890 SW 8TH STREET, PENTHOUSE III

Address

MIAMI, FL 33184

City, State & Zip

305-559-2727

Daytime Telephone number

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:

EMRC NOTARY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11890 SW 8TH STREET, PH III
MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NOTARY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROSA M. DAVILA, PRESIDENT
3000 SW 79 AVENUE
MIAMI, FL 33155

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MADELYN MONJE
9535 SW 15 STREET
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROSA M. DAVILA
3000 SW 79 AVENUE
MIAMI, FL 33155

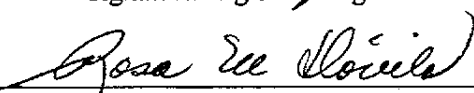
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/16/05

Date



Signature/Incorporator

5/16/05

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA