# P060000530(3

(Re	questor's Name)	
(Ad	dress)	
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<b>V</b> ***		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	re)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

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

SUBJECT:	EMAS Corporation		
	(PROPOSED CORPORA	TË NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: A	bdaliz Matos		
Name (Printed or typed)			
	5620 Farragut Street	ddress	
	Hollywood, FL 33021	State & Zip	
	954-989-8783  Daytime Te	elephone 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:

The EMAS Corporation

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5620 Farragut Street Hollywood, FL 33021

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

#### 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):

Abdaliz Matos, President Adolfo Jimenez, Vice President

# ARTICLE VI REGISTERED AGENT

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

Abdaliz Matos 5620 Farragut Street Hollywood, FL 33021

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Abdaliz Matos 5620 Farragut Street Hollywood, FL 33021

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 familian with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

OR ARP STORY