

P06000075479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400075373564

05/30/06--01017--021 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION:  
06 MAY 30 PM 2:48

**COVER LETTER**

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

SUBJECT: E. M. PROFESSIONAL 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: RAMON REYES  
Name (Printed or typed)

5035 PALM AVE  
Address

HIALEAH, FL 33012  
City, State & Zip

305-822-0669  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 MAY 30 PM 2:48

### ARTICLE I NAME

The name of the corporation shall be:

E. M. PROFESSIONAL SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17000 N BAY RD SUITE 715 SUNNY ISLES BEACH, FL 33160

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT

### ARTICLE IV SHARES

The number of shares of stock is:

10,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT:	EFRAIN MARTINEZ PINEDA	17000 N BAY RD SUITE 715 SUNNY ISLES BEACH, FL 33160
VICE-PRESIDENT:	JULIANA SALGADO	17000 N BAY RD SUITE 715 SUNNY ISLES BEACH, FL 33160

### ARTICLE VI REGISTERED AGENT

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

EFRAIN MARTINEZ PINEDA      17000 N BAY RD SUITE 715  
SUNNY ISLES BEACH, FL 33160

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EFRAIN MARTINEZ PINEDA      17000 N BAY RD SUITE 715  
SUNNY ISLES BEACH, FL 33160

\*\*\*\*\*  
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

Signature/Incorporator

5/17/2006

Date

5/17/2006

Date