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COVER LETTER

Department of State Division of Corporat P. O. Box 6327 Tallahassee, FL 323			W 12 11 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUBJECT: EMISOF	FRAN CORP.		
•	. (PROPOSED CORPOR	ATE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and a	a check for:
	- ·		
☐ \$70.00	☑ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COR	Y REQUIRED
			Ţe
FROM: ED	UARDO MANGARELLI	•	•
• • • • • • • • • • • • • • • • • • •	Name	(Printed or typed)	
	9735 NW 52ST.APT.102		· · ·
		Address	
	DORAL,FL.33178		
	City	y, State & Zip	
	305-305-7306	•	
	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:

EMISOFRAN CORP

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address; if different is:

7795 W.FLAGLER ST.SUITE 20 MIAMI,FL.33144 MALL OF THE AMERICA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000 OF \$1.00 VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: EDUARDO MANGARELLI,7795 W.FLAGLER ST.SUITE 20 MIAMI FL.33144

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: EDUARDO MANGARELLI 9735 NW 52ST.APT.102 DORAL,FL.33178

Having been named as registered agent to accept service of process for the above stated corporation at the place designate	d in this
certificate, I am familiar with <u>and accept the app</u> ointment as registered agent and agree to act in this capacity	

O2/14/2009

Signature/Registered AgentDate

O2/14/2009

Signature/Incorporator
Date