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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

T. Burch JUN 2 2 2000

## **COVER LETTER**

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

SUBJECT: E	mail Marketii	ng Group I	Inc.
	(PROPOSED CORPORA)	TENAME – MÜST'INCL	<u>UDE SUFFIX</u> )
Enclosed are an orig	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	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Keith Fritz Name 9544 NW 48th 1	(Printed or typed)	<del></del>
	Coral Springs,	Address	o
	954 255 Daytime Te	2152 elephone number	
	F mail address: (to be used	for future annual report	notification)

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)	ger ger
ARTICLE I NAME	2009 SEC FALL
The name of the corporation shall be:	F JUN CRET/ LAHA
Email Markeling Group Inc.	N 19 PN 4: 43 TARY OF STATE ASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	FSI Z
The principal <u>street</u> address and mailing address, if different is:	STATE LORIDA
95A4 NW 48th Manor	<b>΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄ ΄</b> ΄ ΄ ΄ ΄
Coral Springs +7 33076	
The purpose for which the corporation is organized is:	
Any and all Lawful business	
ARTICLE IV SHARES	
The number of shares of stock is:	1
1500 shares at \$ 0.00 per value per	- Share
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s): Keith Frilz, Title P, 9544 NW 4845 A	Manor Coral Spri
	33076
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the registered ager	nt is:
Keith Fritz	
9544 NW 484 MANOR	
Coral Springs F133076 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Keith Fritz 9544 WW 48th MAnor	
Coral Springs, F1 33076 ************************************	*****
Having been named as registered agent to accept service of process for the above sta	
place designated in this certificate, I am familiar with and accept the appointment a agree to act in this capacity	is registered agent and
	/ _
neuty The Colle	4/09
Signature/Registered Agent	Date
Heeth In Office Signature/Incorporator	0/09 Date
engriature/incorporator	Pale :