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(Re	equestor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
"—————————————————————————————————————	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: EM Group, Inc.		
(PROPOSED CORPORAT	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	les of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Eduardo E. Moreno Name	(Printed or typed)	
5333 Collins Avenue Apt. 708	ddress	
Miami Beach, FL, 33140 City, S	State & Zip	
305-219-1866 Daytime Te	lephone number	
emore002@gmail.com E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

11 MAR - L AH 8: 1011

FLORIDA DEPARTMENT OF STATISHASSEE. FLORIDADA Division of Corporations

February 9, 2011

EDUARDO E MORENO 5333 COLLINS AVENUE APT 708 MIAMI BEACH, FL 33140

SUBJECT: EM GROUP, INC. Ref. Number: W11000007936

We have received your document for EM GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 511A00003451

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

5	PRINCIPAL OFFICE Principal street address 5333 Collins Avenue Apt. 708 Aliami Beach, FL 33140	Mailing address, if different is:
ARTICLE III		
deeduntinig a	thick the servicies is organized is:	TALLAHASSEE
ARTICLE IV		Tr. J
ne number of sha	res of stock is:	978
ARTICLE V		
Address:	itle Eduardo E. Moreno CEO 5333 Collins Avenue Apt. 708	Name and Title:
710000	Miami Beach, FL 33140	
Name and T	itle: Sarilu K. Pina (00	Name and Title:
Address:	5333 Callins Due Dot 708	Address:
	Mani Beach Fl. 33140	-
Name and T Address:	itle:	
Address:		Address:
ARTICLE VI	REGISTERED AGENT	
he <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Eduardo E. Moreno	_
Address:	5333 Collins Avenue Apt. 708	_
	Miami Beach, FL 33140	_
ARTICLE VII	INCORPORATOR	
Name:	Iress of the Incorporator is: Eduardo E. Moreno	
Address:	5333 Collins Avenue Apt. 708 Miami Beach, FL 33140	- -
	Miami Beach, FL 33140	_
his certificate, I ai	m familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Eduar	et & Moneur	2/2/11
	Required Signature/Registered Agent	Date
submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
	epartment of State constitutes a third degree felony	v as provided for in s.817.155, F.S.
Edward.	Required Signature/Incorporator	2 k/11
Carre De	Required Signature/Incorporator	