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COVER LETTER

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

SUBJECT: Emerald Logistics G (PROPOSED CORPORA)	roup, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Tim Maratta Name	(Printed or typed)
693 Law St.	. 4.4
F	Address
Melbourne, FL 32935	State & Zip
(321) 726-8842 Daytime To	elephone number
londonbranch@hotma E-mail address: (to be used	il.com

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 Emerald Logistics (Proup Inc. 11 APR 18 PM 1:	58
The name of the co	orporation shall be:	лоар, то.	
ARTICLE II	PRINCIPAL OFFICE	SECRETARY OF STA	
	Principal street address	Mailing address, if different is: LORI	IDA
(593 Law St	PO Box 361156	
1	Melbourne, Fl. 32935	Melbourne, FL 32936	
ARTICLE III	PURPOSE		
The purpose for w	which the corporation is organized is:		
		sact all lawful business activities allowed und	der the
laws of the S	tate of Florida.		
ARTICLE IV			
The number of sha	res of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>tors</u>	
	itle: <u>Tim Maratta, President</u>	Name and Title:	
Address:	693 Law St	Address:	
	Melbourne, FL 32935		
	`itle:	Name and Title:	
Address:			
Name and T	itle:	Name and Title:	
Address:			
	REGISTERED AGENT	1.V. Cd	
The <u>name and Flo</u> Name:	orida street address (P.O. Box NOT acceptal Tim Maratta		
Address:			
	693 Law St. Melbourne, FL 32935		
A DAYOF IN THE	,		
	INCORPORATOR dress of the Incorporator is:		
Name:	Tim Maratta		
Address:	693 Law St.		
	Melbourne, FL 32935		
Havina haan nan	and as registered agent to accept service of t	rocess for the above stated corporation at the place design	nated in
this certificate, I a	m formiliar with and accept the appointment	as registered agent and agree to act in this capacity	
•	he he		
	/ laras	4/15/1	
	Required Signature/Registered Agen	Date	
I submit this doc	ument and affirm that the facts stated herei	n are true. I am aware that the false information submit	tted in a
	Department of State constitutes a third degree		
	1 In 1 H		
	(/ /V/arass	4/15/	<u> </u>
	Required Signature/Incorporator	Date	