

P12000065046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

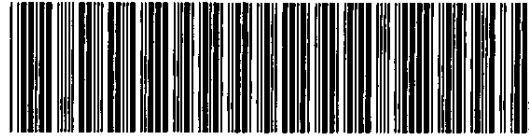
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/06/12--01027--006 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG - 6 AM 9:46

Ps shlu

July 26, 2012

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

Re: Emergency Inc  
P04000049228

To whom it may concern:

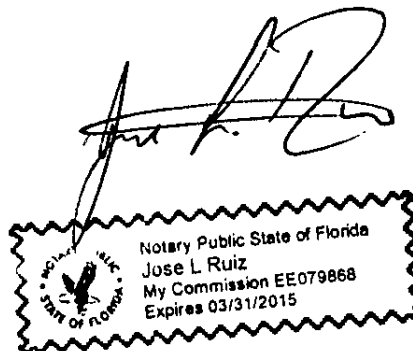
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me 305 388-9995.

Sincerely,



Dayami Rodriguez



## COVER LETTER

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

SUBJECT: **EMERGENCY 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: **MARIA E RUIZ**

Name (Printed or typed)

**7750 SW 117TH AVE SUITE 201F**

Address

**MIAMI FLORIDA 33183**

City, State & Zip

**305 595-2407**

Daytime Telephone number

**MARIAQUIROS9@HOTMAIL.COM**

E-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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 AUG -6 AM 9:46

**ARTICLE I NAME** EMERGENCY INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1401 SW 135 TERRACE #406H  
PEMBROKE PINES, FLORIDA 33027

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201F  
MIAMI, FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 EA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: OLGA MOYANO, PRESIDENT  
Address: 1401 SW 135 TERRACE #406H  
MIAMI, FLORIDA 33027

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: OLGA MOYANO  
Address: 1401 SW 135 TERRACE #406H  
PEMBROKE PINES, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OLGA MOYANO  
Address: 1401 SW 135 TERRACE #406H  
PEMBROKE PINES, FLORIDA 33027

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

x Olga Moyano  
Required Signature/Registered Agent

07/26/2012  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x Olga Moyano  
Required Signature/Incorporator

07/26/2012  
Date