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COVER LETTER

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

SUBJECT:	EMERALD BA	R II, INC	۷.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an or	iginal and one (1) copy of the arti	icles of incorporation ar	nd 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 OPY REQUIRED			
		ADDITIONALIC	OI I REQUIRED			
FROM: _	LEVI J. U	FOVE (Printed or typed)				
	550 CENTRAL AVE.					
	_	Address				
	SAINT PETERSBURG, FL 33701 City, State & Zip					
	727-456	-6362				
_	727 - 456 - 6362 Daytime Telephone number					
	Fried fer E-mail address: (to be use	_	1. com			
	E-mail address: (to be used	d 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)

ARTIČLE I	NAME		
The name of the	corporation shall be: EMERALD BA	PR IL INC.	
ARTICLE II		,	
	Principal street address	Mailing ad	dress, if different is:
	550 CENTRA AG ST. PETELSBURG, FL 3370/		
	S1. 1016 E 30000 / CE 35 10 /		
ARTICLE III	PIRPOSE		•
		LAWFUL BU	I MECS
	ANY	FINOPOL 130	5/W63) .
<i>ARTICLE IV</i> The number of sh	SHARES pares of stock is: / (ONE)		
The number of sh	ares of stock is: / (UVE)		
	INITIAL OFFICERS AND/OR DIRECTORS		
Name and ' Address:	Title: LEVI J. LOVE, PRESIDENT 1 550 CENTRAL AVE	Name and Title:	
Aduress:	ST. PETERS BURG, FL 33701	Address:	
Name and	Fitle:1	Name and Title	
Address:			
		· · · · · · · · · · · · · · · · · · ·	
Name and '	Γitle:	Name and Title:	
Address:		Address:	
			
	REGISTERED AGENT		202
Name:	orida street address (P.O. Box NOT acceptable) of the	e registered agent is:	Marie E
Address:	550 CENTRAL AVE		
	ST. PETERSBURG, FL 33701		F. S.
4 D. W. C. C. D. 1777	Throughout 4 map		
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:		30
Name:	LEVI J. LOVE		_
Address:	LEVI J. LOVE 550 CENMA AVE SS. PETENSBURG, FL 3370/		
	ST. PETENSBURG, FL 3370/	•	
Having been nai	ned as registered agent to accept service of process fo	or the above stated corpor	ation at the place designated in
	am familiar with and accept the appointment as registe		
	1		ale /12
	Required Signature/Registered Agent		8/8/12
		_	Date
	ument and affirm that the facts stated herein are tro Department of State constitutes a third degree felony as		
wemment to tite !	reparament of Grace constitutes a utilia degree Jelony de	s provincu jor in 5.01/.133) I is
L	n'an		8/8/12
	Required Signature/Incorporator	······································	Date