

P13000013078

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H130000302123

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H130000302123))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : 120120000083
Phone : (305)593-0829
Fax Number : (305)593-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: olevy@levy-group.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CORPORACION EMCETA CA INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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

ARTICLE I NAME Corporation Emceta CA, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
Rogue A Cedeno
6451 NW 112 Place
Miami, Florida 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rogue A Cedeno (President)
Address: 6451 NW 112 Place
Miami, Florida 33178

Name and Title: _____
Address: _____

Name and Title: Ana Isabel Torrealba (Vice Presiden)
Address: 6451 NW 112 Place
Miami, Florida 33178

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:

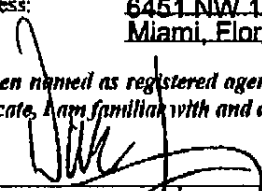
Name: THE LEVY GROUP, CORP.
Address: 1867 NW 97 AVENUE, STE 102
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rogue A Cedeno
Address: 6451 NW 112 Place
Miami, Florida 33178

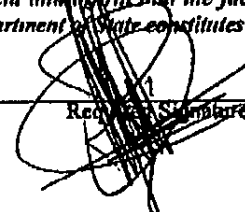
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/07/2013

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.


Required Signature/Incorporator

02/07/2013

Date

FILED
13 FEB -7 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA