

PI3000039150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

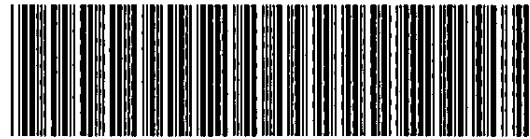
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MD 5/1

COVER LETTER

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

SUBJECT: My Emergency Tech 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Romario Richards
Name (Printed or typed)
8020 Hampton blvd #511
Address
North Lauderdale Fl. 33068
City, State & Zip
(954) 299-6160
Daytime Telephone number
myemergencytech@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: My Emergency Tech Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8020 Hampton blvd #511
North Lauderdale Fl. 33068

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: In order to provide great
Customer Service and technical support. Also to
have a growing business to support customer
needs.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Romario Richards

Address: 8020 Hampton blvd #511
North Lauderdale Fl.
33068

Name and Title: Jodi Ann Richards

Address: 8020 Hampton blvd #511
North Lauderdale Fl.
33068

Name and Title: Juneil Jeremiah

Address: 5710 Lake side drive #706
Margate Fl. 33063

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Romelio Richards

Address:

8020 Hampton Blvd #511
North Lauderdale 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

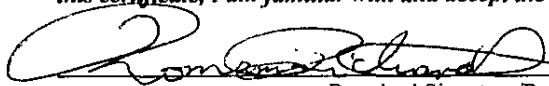
Name:

Jodi Ann Richards

Address:

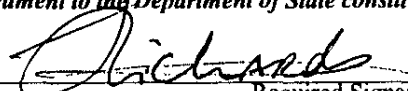
8020 Hampton Blvd #511
North Lauderdale 33068

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

4/26/13
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

4/26/13
Date