

P13000077252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

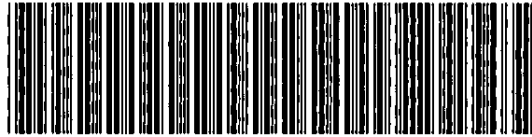
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/19/13--01008--012 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 SEP 19 AM 10:47
TO AGENCY OF
SUFFICIENCY OF FILING

APPROVED
AND
FILED
13 SEP 19 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JW 9/19/13

COVER LETTER

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

SUBJECT: EMAS3, 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: Henry Hall
Name (Printed or typed)

8511 Lake point Court
Address

Lake Worth, FL 33467
City, State & Zip

561-962-2710
Daytime Telephone number

clientservice@emas3.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 19 AM 10:58

APPROVAL
AND
FILED

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)

APPROVED
AND
FILED

13 SEP 19 AM 10:58

ARTICLE I NAME

The name of the corporation shall be: EMAS 3, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2385 NW Executive Centre Drive
Boca Raton, FL 33431
ste 100

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medication adherence technology to all healthcare providers including first responders.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Henry Hall, President Name and Title: _____

Address 8511 Lake point court Address: _____
Lake Worth, FL 33467

Name and Title: Drachelle Hall, vice president Name and Title: _____

Address Coble River Bend ct Address: _____
Newport News, VA 23602

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Henry Hall
 Address: 8511 Lake point ct
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry Hall
 Address: 8511 Lake point COURT
Lake Worth, FL 33467

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

[Signature] _____ 9/18/13
 Required Signature/Registered Agent 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.

[Signature] _____ 9/18/13
 Required Signature/Incorporator Date

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 AND
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 TALLAHASSEE, FLORIDA