

P13000085061

(Requestor's Name)

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(Address)

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☐ PICK-UP

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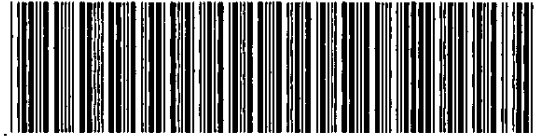
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 15 PM 4:21

P 1/2/13 2-0388



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2013

CARLOS M GARCIA  
405 VERONA ST  
PORT CHARLOTTE, FL 33948

SUBJECT: EMANUEL INC  
Ref. Number: W13000053881

RECEIVED  
13 OCT 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for EMANUEL INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 813A00022777

## COVER LETTER

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

SUBJECT: **Emanuel 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: **Carlos M. Garcia**

Name (Printed or typed)

**405 Verona Street**

Address

**Port Charlotte, FL 33948**

City, State & Zip

**786 277 0714**

Daytime Telephone number

**cmg7862770714@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:

~~Emanuel Inc~~ (Emanuel Always INC.)

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

C.M.G. 10/09/2013

405 Verona Street

Port Charlotte

FL 33948

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Metal and welding service.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Carlos M. Garcia / President

Name and Title:

Address

405 Verona Street

Address:

Port Charlotte

FL 33948

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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DIVISION OF CORPORATIONS  
13 OCT 15 PM 1:22

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name and Title: \_\_\_\_\_ Name and Title: 13 OCT 15 PM 1:22  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: Corina Franco  
Address: 405 Verona Street  
Port Charlotte, FL 33948

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Carlos M. Garcia  
Address: 405 Verona Street  
Port Charlotte, FL 33948

*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

9/18/13  
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.877.155, F.S.*

  
Required Signature/Incorporator

09/18/2013  
Date:



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 09-18-2013

Employer Identification Number:  
46-3677884

Form: SS-4

Number of this notice: CP 575 G

CARLOS M GARCIA  
EMMANUEL  
405 VERONA ST  
PT CHARLOTTE, FL 33948

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-3677884. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is GARC. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.