

P/40000/3692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

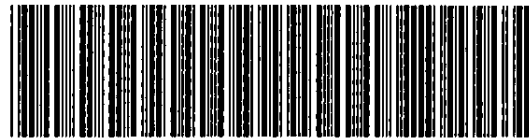
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/13/14--01023--003 \*\*78.75

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14 JAN 13 PM 1:02  
TALLAHASSEE, FLORIDA

W/4-3650

EFFECTIVE DATE 01/06/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2014

HELMAR NIELSEN  
2429 CENTRAL AVENUE  
SUITE #207  
ST. PETERSBURG, FL 33713

SUBJECT: EMIL MANAGEMENT COMPANY, INC.  
Ref. Number: W14000003650

We have received your document for EMIL MANAGEMENT COMPANY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00001265

## COVER LETTER

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

**SUBJECT:** Emil Management Company, 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:** Helmar Nielsen

Name (Printed or typed)

2429 Central Avenue, Suite #207

Address

St. Petersburg, FL 33713

City, State & Zip

(727) 565-0944

Daytime Telephone number

sford@hansenturbine.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: Emil Management Company, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2429 Central Ave

Suite #207

St. Petersburg, FL 33713

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in or transact any and all lawful activities  
or business permitted under the laws of the United States, the State of Florida, or any other state,  
country, territory or nation.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Helmar Nielsen, President

Name and Title: \_\_\_\_\_

Address: 340 First Street North  
St. Petersburg, FL 33701

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

EFFECTIVE DATE 01/06/14

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14 JAN 13 PM 1:02  
TALLAHASSEE, FLORIDA

(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:

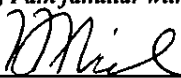
Name: Helmar Nielsen  
Address: 2429 Central Ave, Ste #207  
St. Petersburg, FL 33701

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

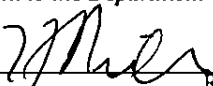
Name: Helmar Nielsen  
Address: 2429 Central Ave, Ste #207  
St. Petersburg, FL 33701

*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

1/6/2014  
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

1/6/2014  
Date

**ARTICLE VII EFFECTIVE DATE**

The effective date of the corporation shall be January 6<sup>th</sup>, 2014 and the corporation shall exist perpetually.

EFFECTIVE DATE 01/06/14