

P14000059958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

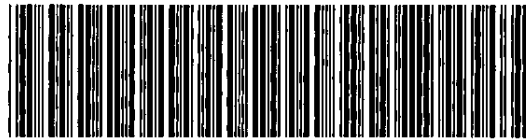
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature* 07/15/14

**COVER LETTER**

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

**SUBJECT: Emelinda Berrios Enterprise, 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: Emelinda Berrios**

Name (Printed or typed)

**5620 Silver Thistle Lane**

Address

**Silver Thistle Lane, FL 34771**

City, State & Zip

**407-715-0684**

Daytime Telephone number

**emy.berrios@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: Emelinda Berrios Enterprise, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5620 Silver Thistle Lane

Saint Cloud, FL 34772

**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: 1,000,000

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

Name and Title: Emelinda Berrios, President

Address: 5620 Silver Thistle Lane  
Saint Cloud, FL 34772

Name and Title: Emelinda Berrios, Treasurer

Address: 5620 Silver Thistle Lane  
Saint Cloud, FL 34772

Name and Title: Emelinda Berrios, Vice-President

Address: 5620 Silver Thistle Lane  
Saint Cloud, FL 34772

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

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

Name and Title: Emelinda Berrios, Secretary

Address: 5620 Silver Thistle Lane  
Saint Cloud, FL 34772

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

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

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SECRETARY OF STATE  
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: Emelinda Berrios  
Address: 5620 Silver Thistle Lane  
Saint Cloud, FL 34772

**ARTICLE VII INCORPORATOR**

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

Name: Emelinda Berrios  
Address: 5620 Silver Thistle Lane  
Saint Cloud, FL 34772

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*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*

Emelinda Berrios  
Required Signature/Registered Agent

7/9/2014  
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.*

Emelinda Berrios  
Required Signature/Incorporator

7/9/2014  
Date