

PI5000019646

(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:

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15 MAR -2 AM 8:58
U.S. POST OFFICE
FORT LAUDERDALE, FLORIDA

11/11-64295

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COVER LETTER

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

SUBJECT: EMHD INC dba MY LIFE CHIP

(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: WILLIAM DIAZ

Name (Printed or typed)

3518 SHOREWOOD DRIVE

Address

KISSIMMEE FL 34746

City, State & Zip

407-201-0346

Daytime Telephone number

BILL@EMHDINC.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2014

WILLIAM DIAZ
3518 SHOREWOOD DRIVE
KISSIMMEE, FL 34746

SUBJECT: EMHD INC DBA MY LIFE CHIP
Ref. Number: W14000064295

We have received your document for EMHD INC DBA MY LIFE CHIP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 614A00022666

COVER LETTER

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Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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FROM: **WILLIAM DIAZ**

Name (Printed or typed)

3518 SHOREWOOD DRIVE

Address

KISSIMMEE FL 34746

City, State & Zip

407-201-0346

Daytime Telephone number

BILL@EMHDINC.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: EMHD INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3518 SHOREWOOD DRIVE
KISSIMMEE FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a secure universal medical
history device and system for emergency purposes. Effective date of
corporation 2/1/2015.

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM DIAZ, PRESIDENT

Name and Title: _____

Address 3518 SHOREWOOD DRIVE
KISSIMMEE FL 34746

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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: WILLIAM DIAZ
Address: 3518 SHOREWOOD DRIVE
KISSIMMEE FL 34746

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM DIAZ
Address: 3518 SHOREWOOD DRIVE
KISSIMMEE FL 34746

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

1/31/2015
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

1/31/2015
Date