

P15600050349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

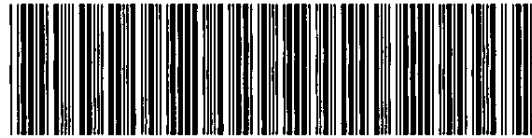
(Document Number)

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

Special Instructions to Filing Officer:

W15000037611

Office Use Only



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05/26/15--01005--015 \*\*70.00

FILED  
2015 JUN -8 PM 1:23  
RECEIVED BY STATE  
CLERK PASSPORT DIVISION

*6/1/15*

## COVER LETTER

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

**SUBJECT:** EMERAUDE FASHION DESIGN, 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:** MARIE MERCIE SAINT JUSTE

Name (Printed or typed)

18005 NW 60TH PLACE

Address

MIAMI LAKES, FLORIDA 33015-5630

City, State & Zip

(305) 586-1255

Daytime Telephone number

MMERCIE2003@YAHOO.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

May 28, 2015

MARIE MERCIE SAINT JUSTE  
18005 NW 60TH PLACE  
MIAMI LAKES, FL 33015-5630

SUBJECT: EMERAUDE FASHION DESIGN, INC.  
Ref. Number: W15000037611

We have received your document for EMERAUDE FASHION DESIGN, 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The affidavit must be signed by a officer/director of the Corporation.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 115A00011183

**June 08, 2015**

**To Whom It May Concern:**

**Attn: Carol Mustain**

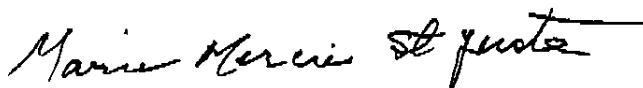
**Regulatory Specialist II**

**Subject: EMERAUDE FASHION DESIGN, INC.**

**Ref. Number: W15000037611**

Please note that I have no intension to revoke dissolution and I am releasing the name to start a new corporation with the same name.

Sincerely yours,

A handwritten signature in black ink, reading "Marie Mercie St Juste". The signature is written in a cursive style with a horizontal line extending from the end.

Marie Mercie Saint Juste,  
President.

**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: EMERAUDE FASHION DESIGN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

18005 NW 60TH PLACE

18005 NW 60TH PLACE

MIAMI LAKES, FLORIDA 33015-5630

MIAMI LAKES, FLORIDA 33015-5630

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SMALL PRODUCTIONS, ALTERATIONS, PATTERNS MAKING AND DESIGN.

FILED  
2015 JUN -8 PM 1:23  
CLERK OF DISTRICT COURT  
MIAMI FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: MARIE MERCIE SAINT JUSTE

Name and Title: MARIE MERCIE SAINT JUSTE

Address 18005 NW 60TH PLACE

Address: 18005 NW 60TH PLACE

MIAMI LAKES, FLORIDA 33015-5630

MIAMI LAKES, FLORIDA 33015-5630

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MARIE MERCIE SAINT JUSTE

Address: 18005 NW 60TH PLACE

MIAMI LAKES, FLORIDA 33015-5630

**ARTICLE VII INCORPORATOR**

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

Name: MARIE MERCIE SAINT JUSTE

Address: 18005 NW 60TH PLACE

MIAMI LAKES, FLORIDA 33015-5630

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/15/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Marie Mercie St Juste  
Required Signature/Registered Agent

05/15/2015  
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.*

Marie Mercie St Juste  
Required Signature/Incorporator

05/15/2015  
Date