

P160000029522

(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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03/15/16--01006--015 **78.75

FILED
16 APR -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

willb-21389

MD 4/4

COVER LETTER

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

SUBJECT: EMLI Transportation, 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: Asaf Nagar

Name (Printed or typed)

1021 NE 33rd St. Front

Address

Oakland Park, FL. 33334

City, State & Zip

510-586-1236

Daytime Telephone number

asafegous@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

March 22, 2016

ASAF NAGAR
1021 N.E. 33RD ST.FRONT
OAKLAND PARK, FL 33334

SUBJECT: EMLI TRANSPORTATION, INC.
Ref. Number: W16000021389

We have received your document for EMLI TRANSPORTATION, 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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: 616A00005873

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: EMLI Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1021 NE 33rd St. Front

Oakland Park, FL. 33334

Mailing address, if different

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to provide professional driving services.

ARTICLE IV SHARES
The number of shares of stock is: 1 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Asaf Nagar</u>	Name and Title:	<u>Yvonne Danielle Nagar</u>
Address	<u>1021 NE 33rd St. Front</u>	Address:	<u>1021 NE 33rd St. Front</u>
	<u>Oakland Park, FL. 33334</u>		<u>Oakland Park, FL. 33334</u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

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STATE OF FLORIDA
ALL AMESSE. FLOHIDA

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: Asaf Nagar
Address: 1021 NE 33rd. St Front
Oakland Park, FL 33334

ARTICLE VII INCORPORATOR

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

Name: Asaf Nagar
Address: 1021 NE 33rd St. Front
Oakland Park, FL. 33334

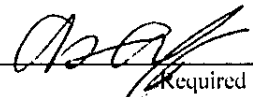
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

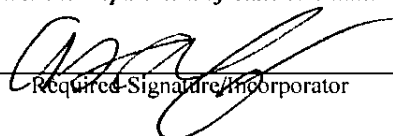


Required Signature/Registered Agent

03/09/2016

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

03/09/2016

Date

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TALLAHASSEE, FLORIDA