

P17000036413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

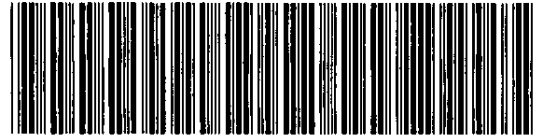
(Document Number)

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

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17 APR 21 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-029957

04/24/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2017

PAUL EMERSON  
3430 S.W. 7TH LN.  
CAPE CORAL, FL 33991

SUBJECT: EMERSON MEDICAL SERVICES INC.  
Ref. Number: W17000029957

We have received your document for EMERSON MEDICAL SERVICES INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 417A00006799

March 20, 2017

Department of State  
Division of Corporations

Clifton Building  
2661 Executive Center Drive  
Tallahassee, FL 32301

Reference: Emerson Medical Services Inc.  
Florida Document Number: P12000063373

Dear Department:

It has come to our attention that our corporation Emerson Medical Services Inc. was dissolved administratively.

At this time I would like to release our document number P12000063373 as the authorized president of this corporation.

I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Sincerely,



Paul Emerson, President

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Emerson Medical Services 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:** Paul Emerson  
\_\_\_\_\_  
Name (Printed or typed)  
  
3430 SW 7th Ln  
\_\_\_\_\_  
Address  
  
Cape Coral, FL 33991  
\_\_\_\_\_  
City, State & Zip  
  
(239) 691-1998  
\_\_\_\_\_  
Daytime Telephone number  
  
paul.emerson@embarqmail.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: Emerson Medical Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3430 SW 7th Ln

Cape Coral, FL 33991

**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: 100 Shares @ 1.00 par value per share

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

Name and Title: Paul Emerson, President

Name and Title:

Address

3430 SW 7th Ln

Address:

Cape Coral, FL 33991

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

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: Lawrence Swan  
Address: 709 Cape Coral Pkwy W  
Cape Coral, FL 33914

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**ARTICLE VII INCORPORATOR**

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

Name: Paul Emerson  
Address: 3430 SW 7th Ln  
Cape Coral, FL 33991

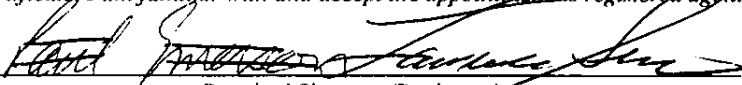
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

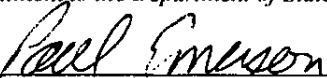
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 3-31-17  
Required Signature/Registered Agent 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.*

 3-31-17  
Required Signature/Incorporator Date