

P17000046387

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
17 MAY 25 PM 5:34

M. MOON
MAY 15 2017

W17000041863

FROM: CARLOS IGNACIO MARTINEZ

TO: Department of Corporations

SUBJECT: Release of Name "Emergency Ready Solutions LLC".

DATE: 5/25/17

To whom it may concern,

I Carlos Ignacio Martinez, am writing this "Letter of Revocation" to release the name "EMERGENCY READY SOLUTIONS LLC" (Doc. # L17000076211). I will not revoke the name "EMERGENCY READY SOLUTIONS" and would like for it to be used again by myself in a new filed corporation "EMERGENCY READY SOLUTIONS INC." (Doc. # W17000041863).

Kind Regards,

Carlos I. Martinez

Carlos Ignacio Martinez

305-721-8210

FFCLOS@GMAIL.COM

17 MAY 25 PM 5:34

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

CARLOS I MARTINEZ
8924 W 35TH AVE
HIALEAH, FL 33018

SUBJECT: EMERGENCY READY SOLUTIONS, INC
Ref. Number: W17000041863

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We have received your document for EMERGENCY READY SOLUTIONS, INC and your check(s) totaling \$87.50. 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 document number of the name conflict is L17000075211.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 417A00009832

COVER LETTER

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

17 MAY 25 PM 5:34

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: EMERGENCY READY SOLUTIONS, 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: CARLOS I MARTINEZ
Name (Printed or typed)
8924 W 35TH AVENUE
Address
HIALEAH, FL 33018
City, State & Zip
305-721-8210
Daytime Telephone number
FFCLOS@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: EMERGENCY READY SOLUTIONS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
8924 W 35TH AVENUE
HIALEAH, FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TEACH MEDICAL EMERGENCY CLASSES (CPR/AED, ETC)
GUN SAFETY COURSES AND CONCEALED WEAPONS PERMIT COURSE

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS I MARTINEZ - PRES
Address: 8924 W 35TH AVENUE
HIALEAH, FL 33018

Name and Title: JUAN C PINEIRO- VP
Address: 8785 SW 175TH STREET
PALMETTO BAY, FL 33157

Name and Title: ALESSANDRA MARTINEZ -TREAS
Address: 8924 W 35TH AVENUE
HIALEAH, FL 33018

Name and Title: PAMELA SUGAR-PINEIRO-TREAS
Address: 8785 SW 175TH STREET
PALMETTO BAY, FL 33157

Name and Title: _____
Address: _____

Name and Title: _____
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: CARLOS I MARTINEZ
 Address: 8924 W 35TH AVENUE
HIALEAH, FL 33018

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ARTICLE VII INCORPORATOR

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

Name: CARLOS I MARTINEZ
 Address: 8924 W 35TH AVENUE
HIALEAH, FL 33018

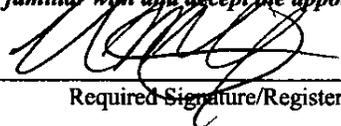
ARTICLE VIII EFFECTIVE DATE:

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.

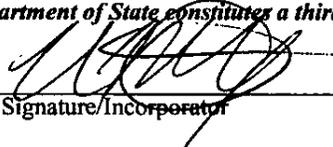
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



04/24/2017
 Date

Required Signature/Registered Agent

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.



04/24/2017
 Date

Required Signature/Incorporator