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(Requestor's Name)

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(City/State/Zip/Phone #)

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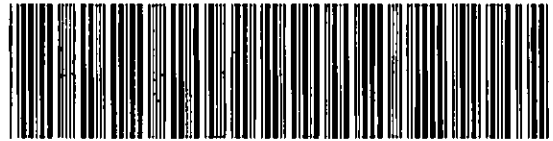
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 17 2018

W18-24078



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 MAY -3 PM 12: 51

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

March 13, 2018

MERVIN SWABY  
13200 SW 50TH STREET  
MIRAMAR, FL 33027

SUBJECT: EMERALD LITES  
Ref. Number: W18000024078

We have received your document for EMERALD LITES 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The suffix LLC can not be used in the name of a corporate entity.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 318A00005032

## COVER LETTER

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

SUBJECT: EMERALD LITES Incorporated  
(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: MERVIN SWABY  
Name (Printed or typed)

13200 SW 50TH STREET  
Address

MIRAMAR, FL 33027  
City, State & Zip

954-632-0174  
Daytime Telephone number

m-swaby@hotmail.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: EMERALD LITES, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
13200 Sw 50TH Street  
Miramar, FL 33027

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: property management

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Simone Ramchand (Manager) Name and Title: Mervin Sualby (Manager)

Address: 13200 SW 50TH Street Address: 13200 SW 50TH Street  
Miramar, FL, 33027 Miramar, FL, 33027

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: Simone Ramanand  
Address: 13200 SW 50TH Street  
Miramar, FL 33027

**ARTICLE VII INCORPORATOR**

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

Name: Simone Ramanand  
Address: 13200 SW 50TH Street  
Miramar, FL 33027

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**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*

Simone Ramanand  
Required Signature/Registered Agent

2/19/18  
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.*

Simone Ramanand  
Required Signature/Incorporator

2/19/18  
Date