

PI9000007868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

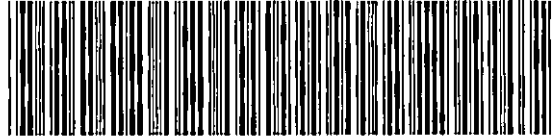
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JAN 29 AM 11:42

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JAN 29 2019

FILED
2019 JAN 29 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: EMERALD MARKETING

(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: NATALIE CRUM

Name (Printed or typed)

566 MASHES SANDS ROAD

Address

PANACEA FL 32346

City, State & Zip

850-879-2066

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JAN 29 AM 11:55

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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 MARKETING Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

566 MASHES SANDS ROAD

PANACEA FL 32346

Mailing address, if different is:

566 MASHES SANDS ROAD

PANACEA FL 32346

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NATALIE CRUM

Owner (P)

Name and Title: _____

Address

566 MASHES SANDS ROAD

Address: _____

PANACEA FL 32346

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2019 JAN 29 AM 11:55
CLERK OF DISTRICT COURT
FLORIDA
TAMPA

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: BRYAN SANDERS
Address: 3038 CRAWFORDVILLE HIGHWAY STE B
CRAWFORDVILLE FL 32327

ARTICLE VII INCORPORATOR

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

Name: BRYAN SANDERS
Address: 3038 CRAWFORDVILLE HIGHWAY STE
CRAWFORDVILLE FL 32327

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

Required Signature/Registered Agent
01/18/2019
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
01/18/2019
Date

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2019 JAN 29 AM 11:59
CLERK OF STATE
ALLAHASSEE, FL 32309