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01/28/19--01044--004 \*\*70.00

2019 JUL 23 PM 7:55  
MAIL ROOM

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **ERNESTO CORDERO**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **E.M.S.E. CORP.** a Florida corporation to be filed with the Florida Department of State on or about **January 21, 2019**.
2. The undersigned hereby consents to and authorizes the use by **E.M.S.E.**, of the name **E.M.S.E CORP.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

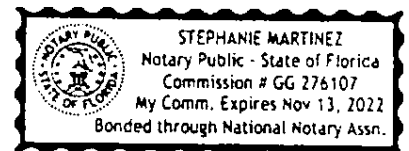
FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

  
ERNESTO CORDERO

PERSONALLY appeared before me, Ernesto Cordero, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 21<sup>st</sup> day of January, 2019.



  
Notary Public Signature

## COVER LETTER

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

**SUBJECT:** E.M.S.E CORP

(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:** STEPHANIE MARTINEZ

Name (Printed or typed)

8180 NW 36 ST, SUITE 406

Address

DORAL FL 33166

City, State & Zip

305-406-3800

Daytime Telephone number

ATPLUS@LIVE.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: E.M.S.E CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

155 SW 107TH AVE, 2ND FLOOR

MIAMI FL 33174

**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: ERNESTO CORDERO P

Name and Title: \_\_\_\_\_

Address 6864 WEST 26TH AVE

Address: \_\_\_\_\_

HIALEAH, FL 33016

Name and Title: MARIA A CORDERO VP

Name and Title: \_\_\_\_\_

Address 6864 WEST 26TH AVE

Address: \_\_\_\_\_

HIALEAH, FL 33016

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: ERNESTO CORDERO

Address: 6864 WEST 26TH AVE

HIALEAH FL 33016

**ARTICLE VII INCORPORATOR**

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

Name: ERNESTO CORDERO

Address: 6864 WEST 26TH AVE

MIAMI FL 33016

**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.

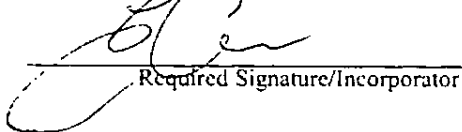
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

1/21/2019  
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

1/21/2019  
Date