

11/6/2019

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EMCDA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address:7833 CROSSWATER TRAIL APT 1210WINDERMERE, FL 34786

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ESTEBAN CABRERA-P

Name and Title: _____

Address: 7833 CROSSWATER TRAIL APT 1210

Address: _____

WINDERMERE, FL 34786

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ESTEBAN CABRERA
Address: 7833 CROSSWATER TRAIL APT 1210
WINDERMERE, FL 34786

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ESTEBAN CABRERA
Address: 7833 CROSSWATER TRAIL APT 1210
WINDERMERE, FL 34786

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:

X

Esteban Cabrera

Required Signature: Registered Agent

X 11/05/2019

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 §817.153, F.S.

X

Esteban Cabrera

Required Signature: Incorporator

X 11/05/2019

Date