To: 18506176383 From: 14693173436 Date: 04/26/21 Time: 3:20 PM Page: 01/04

(((H21000122961 3)))



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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 (844)385-8178 Phone : (214)317-4754 Fax Number

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Emmil Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION

Emeralds & Associates, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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To: 18506176383 From: 14693173436 Date: 04/26/21 Time: 3:20 PM Page: 02/04
To: 12143174754 From: Restricted Date: 03/29/21 Time: 6:18 AM Page: 01
850-617-6381 3/29/2021 9:18:20 AM PAGE 1/001 Fax Server



March 29, 2021

FLORIDA DEPARTMENT OF STATE

LEGALINC CORPPORATE SERVICES INC. Division of Corporations

SUBJECT: EMERALDS & ASSOCIATES, INC.

REF: W21000041056

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L180000260254-EMERALD ASSOCIATES LLC,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

FAX Aud. #: H21000122961 Letter Number: 621A00006455

Mar 25 2021 12:20PM HP Fax 3054129479

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page 1

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

Northwest 27th Drive Springs, FL 33065 CLE III PURPOSE urpose for which the corporation is organized is: Any and all lawful business CLE IV SHARES urbor of shares of stock is: 100 CLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Ashley Rojas, Pres., Sec., CFO, Director, Jame and Title: Address 8800 Northwest 27th Drive Address: Coral Springs, FL 33065 Name and Title: Name and Title: Address: Name and Title: Name and Title: Name and Title: Address: Address: Address: Name and Title: Name and Title		VCII AL OITICL		
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Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
APTICI E VI	REGISTERED AGENT		
The <u>name and I</u>	Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Ashley Rojas		
Address:	8800 Northwest 37th Drive		
	Coral Springs, FL 33065		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Ashley Rojas		
Address:	8800 Northwest 37th Drive		
	Coral Springs, FL 33065		
Effective date.	EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days pri	ior or 90 days after the
Note: If the data	te inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, cords.	this date will not be listed as
Having been na certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as t	ocess for the above stated corporution egistered agent and agree to act in th	n at the place designated in this his capacity
	Janua Barra		3/25/2021
	Required Signature/Registered Age	nt .	Date
I submit this do	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am uware that the fo e felony as provided for in s.817.155,	tse information submitted in a
	DOMEN DOLLA		3/25/2021
Required Signa	ture/Incorporator	Dat	te 2: 1