

P22000003574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

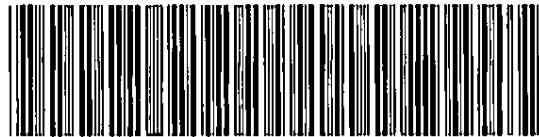
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 1/18 DANNY

CERTIFIED COPY

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INC

1. EMYPRO USA, INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: EMYPRO USA, INC.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JOEL FRIEND AND ASSOCIATES, INC.
Name (Printed or typed)

2863 EXECUTIVE PARK DRIVE, STE. 105
Address

WESTON, FLORIDA 33331
City, State & Zip

954-704-1040
Daytime Telephone number

JOEL@JOELFRIEND.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: EMYPRO USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4474 WESTON ROAD, SUITE 183
DAVIE, FLORIDA 33331

Mailing address, if different is:

SAME

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: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: XAVI MARTI, PRESIDENT

Name and Title: _____

Address 4474 WESTON ROAD, SUITE 183
DAVIE, FLORIDA 33331

Address: _____

Name and Title: NURIA MARTI, VICE PRESIDENT

Name and Title: _____

Address 4474 WESTON ROAD, SUITE 183
DAVIE, FLORIDA 33331

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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: JOEL FRIEND AND ASSOCIATES, INC.

Address: 2863 EXECUTIVE PARK DRIVE, STE. 105

WESTON, FLORIDA 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOEL FRIEND

Address: 2863 EXECUTIVE PARK DRIVE, STE. 105

WESTON, FLORIDA 33331

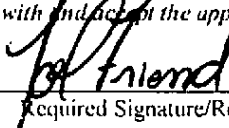
ARTICLE VIII EFFECTIVE DATE:

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.)

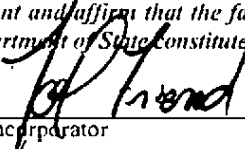
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

01/15/2022
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

01/15/2022
Date