22000018476

(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



700382828887

2/1/22

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/10/2022	_		**WALK IN**
ENTITY NAME_EMEF	RALD LEGACY GROU	JP INC	
DOCUMENT NUMBER			
	PLEASE FILE THE	E ATTACHED AND RETURN	
XXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Stan		
	APOSTILLE' / N	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA NUMBER OF CERTIFICA	 -		<u> </u>
TOTAL OWED \$70		ACCOUNT #: 120160000072	2
		5 8 FM	
Please call Tina at i	the above number for a	any issues or concerns. Thank you so	much!

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

• •	٠	i	٠		120	
•		;	;		re	
		٥	٠	•		<u>L</u> ,

The name of the corporation	tion shall be:EMERALD LEGACY GR	OUP INC 2072 P.1.3 10 AH 1:
ARTICLE II PRINC		Wilder of States of the Control of t
	Principal street address	Mailing address, if different laf STA
7345 Greenbriar Parkw	ay	
Orlando, FL 32819		
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is: Any and	all lawful business.
	·	
ARTICLE IV SHARE	e e	
The number of shares of	20 1,000 stock is:	
	Desirce Cintron - D, P, VP, S, T	
	2685 Fair Oaks Dr	Name and Title:
Address	·	Address:
	Delton, FL 32738	
		<u> </u>
Name and Title		Name and Title:
Address		Address:
		-
NT Legis		N. 1771
		Name and Title:
Address		Address:

Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:	
Name:	Desiree Cintron		202
Address:	7345 Greenbriar Parkway		7154
	Orlando, FL 32819		ARK I
ARTICLE VII	INCORPORATOR		AMII: 55
The name and a	ddress of the Incorporator is:		근목 5
the maine and a			· m · Oi
Name:	Edward Tsuji		
Address:	187 E. Warm Springs Rd., Ste. B		
	Las Vegas, NV 89119		
Effective date, if (If an effective of filing.) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca e inserted in this block does not meet the applicate of feetive date on the Department of State's reconstruction.	innot be more than five days able statutory filing requireme	prior or 90 days after the
	med as registered agent to accept service of pro am familiar with and accept the appointment a		
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the felony as provided for in s.817.	e false information submitted in a 155, F.S.
	al ex	•	03/08/2022
Requ	ired Signature/Incorporator		Date