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Florida Department of State
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To:

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

From:

Account Name : ARIMIR SERVICES GROUP LLC
Account Number : 120200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: MARTIN.ELIANE95@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
E-MARK CONVENIENCE CORP**

Certificate of Status	1
Certified Copy	0
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T. SCOTT,
MAY 17 2022

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2022 MAY 16 PM 3:48

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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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: E-MARK CONVENIENCE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11885 SW 37TH STMIAMI FL 33175**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: ELIANE MARTIN - PRESIDENT

Name and Title: _____

Address 11885 SW 37TH ST

Address: _____

MIAMI FL 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ELIANE MARTIN
Address: 11885 SW 37TH ST
MIAMI FL 33175

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ELIANE MARTIN
Address: 11885 SW 37TH ST
MIAMI FL 33175

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 05/16/2022 (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 05/16/2022
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 05/16/2022
Date

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