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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : JP GLOBAL BUSINESS  
Account Number : I20130000083  
Phone : (305)359-3700  
Fax Number : (786)217-1243

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
EM BUSINESS & CONSULTING CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED  
2022 JUN -9 PM 3:56  
CORPORATIONS  
COMMERCIAL  
SERVICES

2022 JUN -9 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

June 06th, 2022


**Florida Department of State**

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of **EM BUSINESS & CONSULTING CORP** of Doc # **P19000031720** are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. We want to open a new one, with a different Document number.

Very sincerely

  
A handwritten signature in black ink, consisting of a stylized 'C' followed by a vertical line and a small flourish at the bottom, is written over a horizontal line.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** EM BUSINESS & CONSULTING CORP

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** JP GLOBAL BUSINESS SOLUTIONS INC

Name (Printed or typed)

1395 BRICKELL AVE STE

Address

MIAMI FL 33131

City, State & Zip

(305) 359-3700

Daytime Telephone number

MASTER@JPGBUSINESS.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** EM BUSINESS & CONSULTING CORP  
The name of the corporation shall be: \_\_\_\_\_


**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
17107 N. BAY ROAD UNIT  
SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:  
17107 N. BAY ROAD UNIT 303  
SUNNY ISLES BEACH, FL 33160

**ARTICLE III PURPOSE** ANY AND ALL LAWFULL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PETERSEN, ELSA ANA /   
17101 N. BAY ROAD, UNIT 303  
Address: SUNNY ISLES BEACH, FL 33160

Name and Title: JELMAN, MARIO DANIEL / VP  
17101 N. BAY ROAD, UNIT 303  
Address: SUNNY ISLES BEACH, FL 33160

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

JP GLOBAL BUSINESS SOLUTIONS INC  
 Name: 1395 BRICKELL AVE STE ~~500~~  
 Address: MIAMI FL 33131  
 \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

IJELMAN, MARIO DANIEL  
 Name: 17101 N. BAY ROAD, UNIT 303  
 Address: SUNNY ISLES BEACH, FL 33160  
 \_\_\_\_\_

**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 my appointment as registered agent and agree to act in this capacity*\_\_\_\_\_  
Required Signature/Registered Agent\_\_\_\_\_  
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\_\_\_\_\_  
Date