

**Department of State**  
**Division of Corporations**  
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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EMPIRE MEDICAL RESEARCH CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2/9/23 1:47

23 FEB -9 11:10:35

Electronic Filing Menu

Corporate Filing Menu

Help

**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: EMPIRE MEDICAL RESEARCH CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address1235 N KROME AVE  
HOMESTEAD, FL 33030

Mailing address, if different is:

1235 N KROME AVE  
HOMESTEAD, FL 33030**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ernesto Diaz Medina, PresidentName and Title: Omar Sanchez Guevara, Secretary & TreasurerAddress: 1235 N KROME AVE  
HOMESTEAD, FL 33030Address: 1235 N KROME AVE  
HOMESTEAD, FL 33030

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

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

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

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

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

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

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

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

23 FEB 9 PM 10:35

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: Ernesto Diaz MedinaAddress: 1235 N KROME AVEHOMESTEAD, FL 33030ARTICLE VII. INCORPORATORThe name and address of the Incorporator is:Name: Ernesto Diaz MedinaAddress: 1235 N KROME AVEHOMESTEAD, FL 33030ARTICLE 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*

Ernesto Diaz Medina

Required Signature: Registered Agent

02-07-2023

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.*

Ernesto Diaz Medina

Required Signature: Incorporator

02-07-2023

Date