

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**P230002268913**

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.

(((H23000226891 3)))



H230002268913ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
EMI'S HOME & HEALTH SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 JUN 26 PM 4:49

CORPORATIONS
COMMERCIAL
SERVICESRECEIVED
FLORIDA DEPARTMENT OF STATE

23 JUN 26 PM 7:118

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:EMI'S HOME & HEALTH SERVICES, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

581 NW 82nd CT apt #195
Miami, Florida 33126**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**EMILY ORIETTA HURTADO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

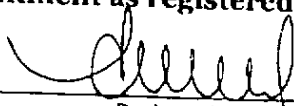
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Emily ORIETTA HURTADO
581 NW 82nd CT apt #195
Miami, fl. 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Emily ORIETTA HURTADO
581 NW 82nd CT apt #195
Miami, fl. 33126SECRET
FALLA ASSOCIATES, INC.
23 JUN 26 PM 7:08

FILED

Required Signatures:

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

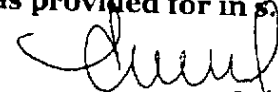


Registered Agent

06/26/23

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 §817.155, F.S.



Incorporator

06/26/23

Date

23 JUN 26 PM 7:08
SECRETARY OF STATE
LAZARUS

FILED