P23000085502

(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:





800419168448



RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 12/14/2023

PRIORITY | Regular Approval

OUR REF # (Order ID#) 1211649

ORDER ENTITY

EMMY WASTE MANAGEMENT INC.

P	LEASE	PER	ĘΟ	RM	THE	FOLLOWI	NG	S	ER'	VICE	S:	
												•

EMMY WASTE MANAGEMENT INC. (FL)

File the attached conversion and subsquent articles of incorporation.

NOTES:

\$105.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, December 14, 2023 Page 1 of

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Emmy Waste Management Inc.

Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Sophia Val	lozzi			
	Contact Person		_	
Emmy Was	ste Manager	nent	_	
1910 Nava	rre School R	kd, #5422) -	
Navarre, Fl				
	City, State and Zip Cod	le	•	
Sophia@er	nmywaste.c	Ωm		
E-mail address: (1	o be used for future ann	ual report notifica	tion)	
	concerning this matter,		,	
Sophia Vall	ozzi	at (949	.92	2-2718
Name of Co	ontact Person	_ \		Daytime Telephone Number
Enclosed is a check for	the following amount:			•
\$105.00 Filing Fees ■	□\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing and Certified Co	; Fees py	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addr New Filing Se Division of Co	ction	P	Vew F	Address: iling Section

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

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Conversion For Converting Eligible Entity Into Florida Profit Corporation

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

onverting Entity immediately prior to the filing of the Articles of Conversion is:
e Management Inc.
Enter Name of the Converting Entity
ty is a Corporation
(Enter entity type. Example: limited liability company, timited partnership, general partnership, common law or business trust, etc.)
or incorporated under the laws of California
(Enter state, or if a non-U.S. entity, the name of the country) 28, 2011
Enter date "Converting Entity" was first organized, formed or incorporated.
rida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> Management Inc
Enter Name of Florida Profit Corporation
approved by the eligible converting entity in accordance with this chapter and the laws of its

i e :

. ...

Signed this 8th day of December	23
Required Signature for Florida Profit Corporation	
Signature of Director, Officer, or, if Directors or Off	·
Printed Name: Sophia VallozziTitle: Pro	esident
Required Signature(s) on behalf of Converting Flocompanies: [See below for required signature(s).]	orida partnerships, limited partnerships, and limited liability
Signature: Scale Vally	
Printed Name: SOPHIA YALLUZZI	Title: Presiden +
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited Liability Signature of one General Partner.	
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others: Signature of an authorized person.	
Fees: Articles of Conversion:	\$35,00
Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)

ARTICLES OF INCORPORATION FOR RESULTING FLORIDA PROFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
7437 Harvest Village Ct	1910 Navarre School Rd #542
Navarre FL 32566	Navarre FL 32566
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Auditing	
RTICLE IV SHARES 25,000	
	S
RTICLE V OFFICERS AND/OR DIRECTOR	_
RTICLE V OFFICERS AND/OR DIRECTOR Sophia Vallozzi President 7437 Harvest Village Court	S Name and Title: Address:
RTICLE V OFFICERS AND/OR DIRECTOR ame and Title: Sophia Vallozzi President	Name and Title:
RTICLE V OFFICERS AND/OR DIRECTOR ame and Title: Sophia Vallozzi President 7437 Harvest Village Court Navarre, FL 32566	Name and Title:Address:
ATTICLE V OFFICERS AND/OR DIRECTOR Sophia Vallozzi President 7437 Harvest Village Court Navarre, FL 32566 Dame and Title:	Name and Title: Address: Name and Title:
ame and Title: Sophia Vallozzi President 7437 Harvest Village Court Navarre, FL 32566 ame and Title: ddress:	Name and Title: Address: Name and Title: Address:
ame and Title: Sophia Vallozzi President 7437 Harvest Village Court Navarre, FL 32566 Ame and Title: ddress:	Name and Title: Address: Name and Title: Address:

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sophia Vallozzi

Address: 7437 Harvest Village Court

Navarre, FL 32566

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