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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: citi.taxes@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
EMSA & SAMERA COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: EMSA & SAMERA COMPANY(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM: Citi Taxes LLC**

Name (Printed or typed)

5721 NW 112th Ave Apt 108

Address

Doral, FL 33178

City, State & Zip

305-803-4427

Daytime Telephone number

citi.taxes@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAMEThe name of the corporation shall be, **EMSA & SAMERA COMPANY****ARTICLE II PRINCIPAL OFFICE**

Principal street address
1690 NW 108 Ave unit # 157
Miami, FL 33172

Mailing address, if different is
1690 NW 108 Ave unit # 157
Miami, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is, This corporation is organized for all lawful and legitimate business purposes permitted by applicable laws and regulations.

ARTICLE IV SHARESThe number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Jafet Brenes Quezada- President**

Address: **763 NW 89th Ave Bldg 5**
Plantation, FL 33324

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE

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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: Jafet Brenes Quezada- President

Address: 763 NW 89th Ave Bldg 5

Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jafet Brenes Quezada- President

Address: 763 NW 89th Ave Bldg 5

Plantation, FL 33324

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TALLAHASSEE, FLORIDA

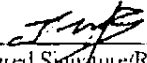
ARTICLE VIII EFFECTIVE DATE:

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 the appointment as registered agent and agree to act in this capacity

<u></u>	<u>01/25/2024</u>
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.

<u></u>	<u>01/25/2024</u>
Required Signature/Incorporator	Date

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