

6/18/24, 4:22 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000212243 3)))



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To:

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

**THIRD FAX-
CORRECTION**

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407)418-2435
Fax Number : (407)420-5909

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

Email Address: _____

RECEIVED
2024 JUN 19 PM 3:58
CORPORATION
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION**Edmundson Martin Doll Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

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2024 JUN 19 AM 9:09
STATE



June 19, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREENBERG TRAURIG

SUBJECT: EDMUNDSON MARTIN DOLL INC.
REF: W24000092716

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico
Supervisor
New Filing Section

FAX Aud. #: B24000212243
Letter Number: B24A00013304

2024 JUN 19 AM 9:09
FAX
10

COVER LETTER

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

SUBJECT: _____
(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: _____
Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

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

2024 JUN 19 AM 9:09
JUN 19 2024

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Edmundson Martin Doll Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

21758 Banyanwood Rd., Boca Raton, FL 33433**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1,125**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Edmundson, Director & PresidentName and Title: Russell Martin, Director & SecretaryAddress: 12519 398th Ave SEAddress: 21758 Banyanwood Rd.North Bend, WA 98045Boca Raton, FL 33433Name and Title: Vanessa Doll, Director & Treasurer

Name and Title: _____

Address: 3304 Grandview Ave.

Address: _____

Louisville, KY 40207

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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FILED

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:

Name: NRAI Services, Inc
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Edmundson
Address: 12519 398th Ave., SE
North Bend, WA 98045

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:

Madonna Cuddihy Madonna Cuddihy, Assistant Secretary
Required Signature/Registered Agent

06/18/2024

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.

[Signature]
Required Signature/Incorporator

Date

06/18/2024

2024 JUN 19 AM 5
[Stamp]