

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this number 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.

(((H24000239537 3)))



H240002395373ABC2

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 : 120000000019
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
EMYE SERVICES CORP

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

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

RECEIVED
2013 JUL 15 PM 4:04
DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:EMYE Services Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4810 NW 32 AVE
MIAMI Fla
33142**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**EFRAIN Pineda Rodriguez
(P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

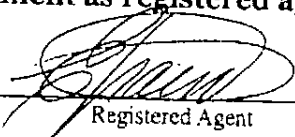
The name and Florida street address (PO Box not acceptable) of the registered agent is:

EFRAIN Pineda Rodriguez
4810 NW 32 AVE
MIAMI Fla 33142**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:EFRAIN Pineda Rodriguez
4810 NW 32 AVE
MIAMI Fla 33142

EIN: 99-3965367

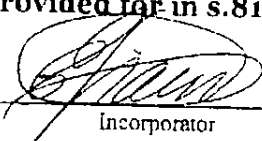
Required Signatures:

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 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.



Incorporator Date