

P24000068130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

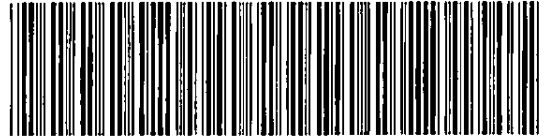
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 NOV -5 AM 9:47
TALLAHASSEE, FL
11/05/24--0100L

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2024 NOV -5 AM 11:49
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 11/5

CERTIFIED COPY

XX PHOTOCOPY

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XX FILING

INC

1. EMU HOLDINGS INC.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Emu Holdings Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3380 Knight St

Jacksonville, FL 32205

Mailing address, if different is:

3380 Knight St

Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical staffing and any other general business purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deborah Hills, President

Address: 3380 Knight St
Jacksonville, FL 32205

Name and Title: Deborah Hills, Secretary

Address: 3380 Knight St
Jacksonville, FL 32205

Name and Title: Deborah Hills, Treasurer

Address: 3380 Knight St
Jacksonville, FL 32205

Name and Title: Deborah Hills, Director

Address: 3380 Knight St
Jacksonville, FL 32205

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF THE STATE
TALLAHASSEE, FL

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: Deborah Hills

Address: 3380 Knight St

Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Deborah Hills

Address: 3380 Knight St

Jacksonville, FL 32205

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TALLAHASSEE, FL
DEPARTMENT OF STATE

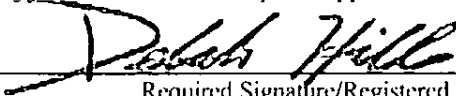
ARTICLE VIII EFFECTIVE DATE:

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

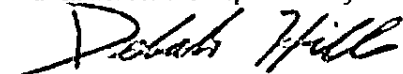


Required Signature/Registered Agent

11/04/2024

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.



Deborah Hills, Incorporator

Required Signature/Incorporator

11/04/2024

Date