

P96000096105

EMERSON GROVE, INC.
7657 Biscayne Boulevard
Miami, FL 33138
(305) 654-9918

200010.0009672--1
-11/20/96--01064--005
****122.50 ****122.50

Department of State
Division of Corporations
The Capitol
Tallahassee, FL 32304

RE: Articles of Incorporation for Emerson Grove, Inc.

Dear Sir or Madam:

Enclosed herewith please find the original and one (1) copy of the Articles of Incorporation for the above-named proposed Florida corporation. Also enclosed is our firm check in the amount of \$122.50, representing the fee for filing of said Articles and a certified copy.

Please file the enclosed Articles of Incorporation and return a certified copy to the undersigned.

Thank you for your anticipated cooperation.

Very truly yours,

David N. Ellis

DAVID N. ELLIS

ENE/sav
Enclosures

NOV 26 1996

BSB

FILED
96 NOV 20 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
EMERSON GROVE, INC.

FILED
95 NOV 20 AM 9:01
DATE
ALL FLORIDA

ARTICLE I. CORPORATE NAME.

The name of this Corporation is: EMERSON GROVE, INC.

ARTICLE II. NATURE OF BUSINESS AND POWERS.

The general nature of business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE III. CAPITAL STOCK.

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is Twelve Hundred (1,200) shares of common stock having a par value of Fifty Cents (\$.50) per share.

ARTICLE IV. TERM OF EXISTENCE.

This Corporation shall have perpetual existence.

ARTICLE V. INITIAL PRINCIPAL OFFICE.

The initial principal office of this Corporation in the State of Florida shall be:

7657 Biscayne Boulevard
Miami, FL 33138

The Board of Directors from time to time may move the principal office to any other address in or out of the State of Florida and establish branches and subsidiaries in any place within the United States.

THIS INSTRUMENT PREPARED BY:
DAVID N. ELLIS, 727 NE 195th Street
No. Miami Beach, FL 33179

ARTICLE VI. BOARD OF DIRECTORS.

This Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by Bylaws adopted by the stockholders, but shall never be less than one (1).

ARTICLE VII. INITIAL DIRECTOR.

The name of the initial director of this Corporation and his street address is:

John T. Vinson
7657 Biscayne Boulevard
Miami, FL 33138

The person named as initial director shall hold office for the first year of existence of this Corporation or until his successor is elected or appointed and has qualified, whichever occurs first.

ARTICLE VIII. INCORPORATOR.

The name and street address of the person signing these Articles of Incorporation as the Incorporator is:

David N. Ellis
7657 Biscayne Boulevard
Miami, FL 33138

ARTICLE IX. AMENDMENT.

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by at least a majority of the stock entitled to vote, unless all of the directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

ARTICLE X. REGISTERED AGENT.

The name and address of the initial Registered Agent of the corporation who shall accept the service of process within this State on behalf of the Corporation is:

David N. Ellis
7657 Biscayne Boulevard
Miami, FL 33138


IN WITNESS WHEREOF, the undersigned, as Incorporator, has executed the foregoing Articles of Incorporation on this 15th day of November, 1996.



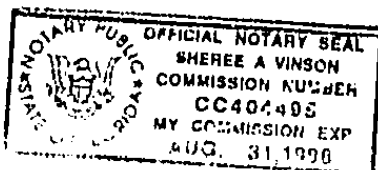
DAVID N. ELLIS
Incorporator

STATE OF FLORIDA)
)SS.
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 15th day of November, 1996 by DAVID N. ELLIS, who is personally known to me and who did take an oath.



SHEREE A. VINSON, NOTARY PUBLIC



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section § 48.091, Florida Statutes, the following is submitted:

THAT EMERSON GROVE, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation at 14850 NE 31 Circle, Redmond, WA 98052, in the State of Florida, has named David N. Ellis located at 14850 NE 31 Circle, Redmond, WA 98052, Dade County, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-named Corporation, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida law relative to keeping the designated office open.



REGISTERED AGENT

FILED
96 NOV 20 AM 9:01
STATE
TALLAHASSEE, FLORIDA

P96000096105

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: EMERSON GROVE INC EIN or SS#: 65-0717945

Address: 7657 BISCAYNE BLVD
MIAMI FL 33138

Amount: \$35.00 Date Paid _____

Reason for claim: Duplicate change of registered agent filing fee.

S. Harris/Amendments

EMERSON GROVE, INC., P96-96105

Certified true and correct this 10 day of FEB, 19 97.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

SH 2/21

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 35.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 01042--012 dated 01/27/97

Name of Account 45202130001453000000000010000

Statutory Authority for Collection 607.0122

It is requested that payment be made from the following account:

NAME OF ACCOUNT: 452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 4, 1997

David Ellis
7657 Biscayne Blvd.
Miami, FL 33138

SUBJECT: EMERSON GROVE, INC.
Ref. Number: P96000096105

We have received your document for EMERSON GROVE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records currently show David Ellis as the registered agent for this corporation. I have enclosed a printout for your convenience. This should have been noted when we previously rejected the document. Please complete the enclosed refund application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 597A00005750

P96000096105

Requestor's Name
David Ellis
Requestor's Name
71657 Biscayne Blvd.
Address
Miami FL 33138
City/State/Zip Phone #

BLU...
35.05

Office Use Only

ENT NUMBER(S), (if known):

1. _____ (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other