0048215 OFFIC ARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 002505030—-7 -05/26/98 --01051 --008 ****122.50 ****122.50 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CUMENT NUMBER(S) (if known): CORPORATION NAME(\$ (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Certificate of Status Mail out Will wait Photocopy AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

RECEIVED

98 MAY 29 PM 2: 50

DIVISION OF CORPORATION

May 26, 1998

LAZARUS

MIAMI, FL

SUBJECT: E.M.L., INC.

Ref. Number: W98000011932

We have received your document for E.M.L., INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6934.

Letter Number: 298A00029337

Loria Poole Corporate Specialist

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Inserporation.

ARTICLE I NAME

The name of the corporation shall be:

E.M.L. PARTNERS, INC.

PILED 18 MAY 29 PM 3: 12 ECRETARY OF STATE LAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6901 SW 79th Avenue Miami, FL 33143

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eduardo A. Leal 6901 SW 79th Avenue Miami, FL 33143

ARTICLE Y INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Eduardo A. Leal & Myrna T. Leal 6901 SW 79th Avenue Miami, FL 33143

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

Eduardo A. Leal & Myrna T. Leal 6901 SW 79th Avenue Miami, FL 33143

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this ______ day of _______ 1998 .

mai

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

he name and address of the registered agent and office is:	
Eduardo A. Leal	
	(NAME)
6901 SW 79th Avenue	
(P.O. BOX	NOT ACCEPTABLE)

MAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE SIGNAT

REGISTERED AGENT FILING FEE: \$35.00