

P99000095447

TRANSMITTAL LETTER

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

800003027738--0
-10/28/99-01040-023
*****70.00 *****70.00

SUBJECT: Emma's Investment Holdings, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Jodi Spaniak
Name (Printed or typed)

10693 Wiles Road #228
Address

Coral Springs, FL 33076
City, State & Zip

954-227-1507
Daytime Telephone number

FILED
99 OCT 28 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

R. VARNADORE OCT 29 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Emma's Investment Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3704 NW 82nd Avenue
Coral Springs, FL 33076

ARTICLE III SHARES

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

100 shares

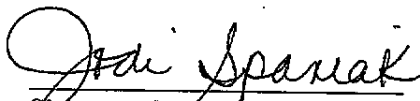
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jodi Spaniak
10693 Wiles Road, #228
Coral Springs, Florida 33076

ARTICLE V INCORPORATOR

Jodi Spaniak
10693 Wiles Road, #228
Coral Springs, Florida 33076


Signature/Incorporator

10/21/99
Date

Having 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/Registered Agent

10/21/99
Date

FILED
99 OCT 28 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA