

P11000032448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

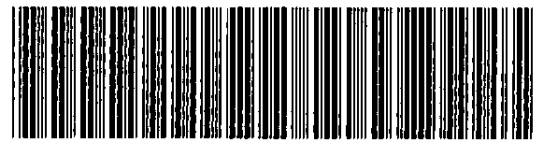
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: YANI & YARI HOME CARE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ELYSABET MONTANEZ
Name (Printed or typed)

2350 W 84TH STREET #18
Address

HIALEAH, FL 33016
City, State & Zip

305-825-2500
Daytime Telephone number

TAXCENTERUSA@LIVE.COM ✓
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME YANI & YARI HOME CARE, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
8819 NW 146TH LANE
MIAMI LAKES, FL 33018

Mailing address, if different is:
8819 NW 146TH LANE
MIAMI LAKES, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES AT \$1.00 PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO COLLAZO PRESIDENT Name and Title: _____
Address: 8819 NW 146TH LANE Address: _____
MIAMI LAKES, FL 33018

Name and Title: ANAYS COLLAZO VICE PRESIDENT Name and Title: _____
Address: 8819 NW 146TH LANE Address: _____
MIAMI LAKES, FL 33018

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: TAX CENTER USA GROUP, LLC
Address: 2350 W 84TH STREET #18
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANAYS COLLAZO
Address: 8819 NW 146TH LN
MIAMI LAKES, FL 33018

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

MARCH 24, 2011

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.

Required Signature/Incorporator

MARCH 24, 2011

Date

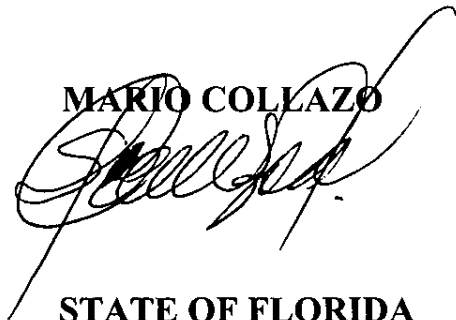
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AFFIDAVIT

**I, MARIO COLLAZO FORMER PRESIDENT/DIRECTOR OF
YANI & YARI HOME CARE, INC., DOCUMENT NUMBER
P08000014859 HEREBY STATE THAT I HAVE NO INTENTIONS
OF REVOCATING THE DISSOLVED CORPORATION AND
THEREFORE RELEASE THE NAME TO YANI & YARI HOME
CARE, INC.**

MARIO COLLAZO



**STATE OF FLORIDA
COUNTY OF DADE**



NOTARY PUBLIC

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TALLAHASSEE, FLORIDA**

SEAL

