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(1	Requestor's Name)	
(,	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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2011 APR -8 PH 3: 30
SECRETARY OF STATE

SC 4/18

COVER LETTER

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

SUBJECT: YSP ENTERPRISE, IN	C	CHERTY
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status	cles of incorporation and a checes o	7.50 ing Fee, entified Copy Certificate of
10239 GOLDENBROOK	(Printed or typed)	
TAMPA, FL 33647	Address State & Zip	2011 APR - SECRETAL TAILLAHAS
813-505-7348 Daytime Te jennyspereap@hotmail.co E-mail address: (to be used	elephone number om for future annual report notifica	

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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	dress, if different is:
	10239 GOLDENBROOK WAY		
	TAMPA, FL 33647		
	PURPOSE which the corporation is organized is:		
	AND INVESTMENTS		
RTICLE IV he number of sh	SHARES nares of stock is:100		
	INITIAL OFFICERS AND/OR DIREC	TORS	
	Title:YENIT S. CANDELARIA / PRESID		
Address:	10239 GOLDENBROOK WAY		
	TAMPA, FL 33647		
_			
	Title:	Name and Title:	
Address:		Address:	
			
	Title:	Name and Title:	,
Address:		Address:	
	-		77.76
			Y 4 - 90'0
RTICLE VI	REGISTERED AGENT		
he <u>name and F</u>	lorida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	₹> 1 7
Name:	CLAUDIA OSORIO		38.84 88.4
Address:	4538 EAGLE FALLS PLACE		Fig 72
	TAMPA, FL 33619		🔪 🔪 د اوره شو
DØ161 B 177	DISCOURAGE A STORY		
RTICLE VII			<u> မရိုက</u> မ
	ddress of the Incorporator is:		
Name: Address:	YENITS CANDELARIA		
Address:	10234 Golden brook Way TAMPA, FI 33647		
	141111111111111		
Indua bana wa	med as registered agent to accept service of pl	rocess for the above stated corpor	ration at the place designated
iuving been na.	am familiar with and accept the appointment a	is registered agent and agree to ac	t in this capacity
ruving been nu. his certificate, I	- 1 1 1 kg		. 1. 1
uving been nu his certificate, I	() L has all have		4 (7) 1 11
nis certificate, I	(h) to factor		<u> </u>
is certificate, I	Requifed/Signature/Registered Agent	<u> </u>	Date
is certificate, I	Required/Signature/Registered Agent		Date
is certificate, I	cument and affirm that the facts stated herei	n are true. I am aware that the f	Date Talse information submitted i
is certificate, I	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the f felony as provided for in s.817.15:	Date False information submitted if 5, F.S.
is certificate, I	cument and affirm that the facts stated herei	n are true. I am aware that the f felony as provided for in s.817.15:	Date False information submitted in the state of the sta