

P220000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

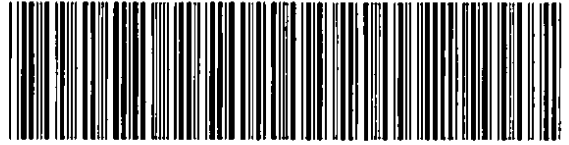
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JAN -3 PM 3:44

FILED

TALLAHASSEE, FL

2022 JAN -3 AM 7:53

RECEIVED

COVER LETTER

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

SUBJECT: Your Crossroads Corp.
(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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Mr. David Castillo
Name (Printed or typed)

11380 NW 34 Street, Suite A-2
Address

Doral, FL 33178
City, State & Zip

1-786-380-6633
Daytime Telephone number

davcas687@gmail.com
E-mail address: (to be used for future annual report notification)

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

The name of the corporation shall be: Your Crossroads Corp.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
11380 NW 34 Street

Mailing address, if different is:

Suite A-2

Doral, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in providing, and otherwise be active in
all lawful services and consultation within the scope of FL laws.

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. David Castillo, P, T, S, D Name and Title: _____

Address 11380 NW 34 Street Address: _____

Suite A-2 _____

Doral, FL 33178 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Mr. David Castillo
Address: 11380 NW 34 Suite A-2
Street,
Doral, FL 33178

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mr. David Castillo
Address: 11380 NW 34 Street, Suite A-2
Doral, FL 33178

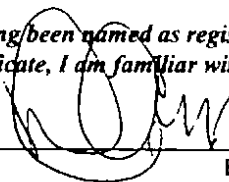
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

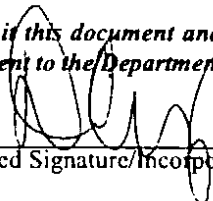
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
December 29th, 2021
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
December 29th, 2021
Date