

N17000002739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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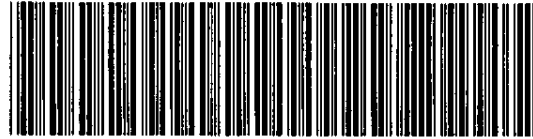
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

[Signature] 03/13/17

COVER LETTER

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

SUBJECT: YAHOLO, 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: ALVIN VEGA

Name (Printed or typed)

10712 OAK GLEN CIRCLE

Address

ORLANDO, FL 32817

City, State & Zip

(407) 267 - 4542

Daytime Telephone number

VEGAAL1@LIVE.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: YAHOLO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

798 EXECUTIVE DRIVE, SUITE A

OVIEDO, FL 32765

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

YAHOLO, INC. IS A NON FOR PROFIT CORPORATION.

YAHOLO, INC. PROMOTES THE PUERTO RICAN CULTURE AND HERITAGE AS WELL AS SUPPORT ORGANIZATIONS THAT SERVE THE

CENTRAL FLORIDA LESS FORTUNATE SECTOR OF THE COMMUNITY PROVIDING HELP WITH FOOD, CLOTHING, HOUSING, AND

TRAINING. WE INTENT TO CONDUCT FUND RAISING ACITIVITIES IN SUPPORT OF THESE EFFORTS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: DIRECTORS ARE ELECTED BY THE SIMPLE MAJORITY OF THE MEMBERS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALVIN VEGA, PRESIDENT

Name and Title: NORBERTO RIVERA, VICE-PRESIDENT

Address: 10712 OAK GLEN CIRCLE

Address: 5035 AVON ST

ORLANDO, FL 32817

LAKE WALES, FL 33859

Name and Title: SANTIAGO S FRANCESCHINI, TREASURER Name and Title: _____

Address: 798 EXECUTIVE DR, SUITE A

Address: _____

OVIEDO, FL 32765

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: ALVIN VEGA

Address: 798 EXECUTIVE DRIVE, SUITE A
OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

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

Name: SANTIAGO S. FRANCESCHINI

Address: 798 EXECUTIVE DRIVE, SUITE A
OVIEDO, FL 32765

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TALLAHASSEE, FLORIDA

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.

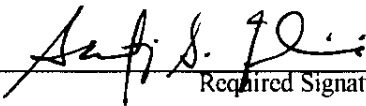
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

FEBRUARY 8, 2017
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

2/8/2017
Date