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# TRANSMITTAL LETTER

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

SUBJECT: You	utz & Clemens, Inc.		
<del></del>	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00	<b>□</b> \$78.75	\$78.75	<b>☑</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Č	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Jason Allen Clemens		
	Name (Printed or typed)		
	10929 SW 113th Place A	Apt. B	
		Address	
	Miami, FL 33176		
<del>-</del>	City, State & Zip		
	(305) 992-0288		
		Telephone number	

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:

Youtz & Clemens, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10929 SW 113th Place Apt. B

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Purpose

#### ARTICLE IV SHARES

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

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jason A. Clemens 10929 SW 113th Place Apt. B Miami, FL 33176

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason A. Clemens 10929 SW 113th Place Apt. B Miami, FL 33176

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

Signature/Registered Agent

Date

Date

Date

Date

Date

Date

Date

Date

SECRETARY OF STATE IN