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# TRANSMITTAL LETTER

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

SUBJECT:	YOLANDA REÁLTY, INC.	•	
	(PROPOSED CORPORA	TE NAME – MUST INCL	DE SUFFIX)
m 1 1 '	2		
Enclosed are an orig	ginal and one (1) copy of the arti-	cles of incorporation and	a check for:
□ \$70.00	\$78.75	<b>□</b> \$78.75	<b>⊠</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
	, ,		
FROM:	YOLANDA NEGRON		
	Name (Printed or typed)		
	9419 SPRINGVALE RD.		
	Address		
	ORLANDO, FL 32825		
	City, State & Zip		
	407-482-0921		
	Daytime 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)

FILED

### ARTICLE I NAME

The name of the corporation shall be: YOLANDA REALTY, INC.

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SECRETANT OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9419 SPRINGVALE RD. 32825 ORLANDO, FL

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

TO OPERATE A REAL ESTATE BUSINESS.

# ARTICLE IV

The number of shares of stock is:

ONE THOUSAND (1,000) COMMON - NO PAR VALUE

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

YOLANDA NEGRON - DIRECTOR 9419 SPRINGVALE RD. ORLANDO, FL 32825

### ARTICLE VI REGISTERED AGENT

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

YOLANDA NEGRON 9419 SPRINGVALE RD. ORLANDO, FL 32825

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

YOLANDA NEGRON 9419 SPRINGVALE RD. ORLANDO, FL 32825

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

Signature/Incorporator