

PO5000095927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

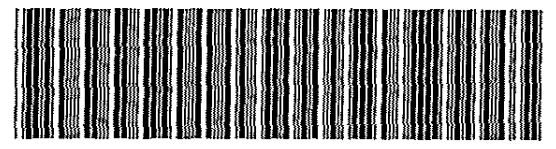
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Teresa Bairdone* **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT Articles IV + VII**  
**DATE 7/7/05**  
**DOC. EXAM MRS**

Office Use Only



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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 05 JUL -7 PM 4:09

MRS  
7/7

**TRANSMITTAL LETTER**

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

SUBJECT: Y.E.S.S. - Your Educational Scholarship Service, Inc  
(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: Teresa Basilone  
Name (Printed or typed)

5644 N.W. 101 Drive  
Address

CORAL SPRINGS, FL 33076  
City, State & Zip

754-322-4609  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FLORIDA

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**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:

Y.E.S.S. - Your Educational Scholarship Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O. Box 771535  
Coral Springs, FL 33077

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Information Service

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Teresa Basilone, President  
5644 NW 101 Drive  
Coral Springs, FL 33076

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mario Basilone  
5644 N.W. 101 Drive  
Coral Springs, FL 33076

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Teresa Basilone  
P.O. Box 771535  
Coral Springs, FL 33077

\*\*\*\*\*

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

Mario Basilone  
Signature/Registered Agent

7/1/05  
Date

Teresa Basilone  
Signature/Incorporator

7/1/05  
Date