

FD6000043008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

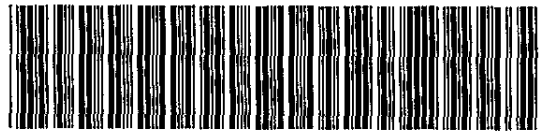
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Your Payment Solution, 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: Carmen Gomez

Name (Printed or typed)

9521 SW 79 Street

Address

Miami, FL 33173

City, State & Zip

305-274-5332

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)

ARTICLE I NAME

The name of the corporation shall be:

Your Payment Solution, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9521 SW 79 Street, Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred Shares of Stock, with a par value of One Dollar each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carmen Gomez P/V/D
9521 SW 79 Street
Miami, FL 33173

ARTICLE VI REGISTERED AGENT

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

Carmen Gomez
9521 SW 79 Street
Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carmen Gomez
9521 SW 79 Street
Miami, FL 33173

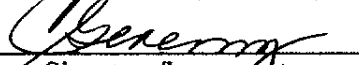
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/20/06

Date



Signature/Incorporator

3/20/06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA