# PO88000/4859

(Re	equestor's Name)	
(Ad	ldress)	
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DIVISION OF CORPORATIONS

08 FEB -11 PH 2: 18

EP 2/11/8

# **COVER LETTER**

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

SIBIRCT, YANI	& YARI HOME CARE	E. INC.	
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: El	YSABET MONTANE		
<u>2</u>	2350 W 84TH STREE	(Printed or typed)  T #18 Address	
-	HIALEAH, FL 33016 City	, State & Zip	
<u>:</u>	305-825-2500	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:

# YANI & YARI HOME CARE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8819 NW 146TH LANE MIAMI LAKES. FL 33018

#### 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:

100

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

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

PRESIDENT: MARIO COLLAZO

8819 NW 146 LN

MIAMI LAKES, FL 33018

V. PRESIDENT: ANAYS COLLAZO

8819 NW 146 LN

MIAMI LAKES, FL 33018

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## ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: TAX DEFENSE CENTER, INC. 2350 W 84TH STREET #18 HIALEAH, FL 33016

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: ANAYS COLLAZO 8819 146 LN MIAMI LAKES, FL 33018

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certificate, I gur familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

ELYSABET MONTANEZ
Notary Public - State of Florida
My Commission Expires Oct 14, 2008
Commission # DD 362992
Bonded By National Notary Assn.

DIVISION OF CONTROL 18