

P09000058977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

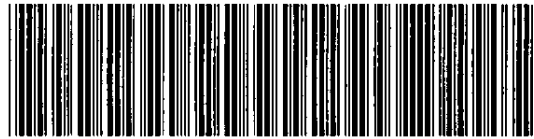
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2009 JUL -9 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 10 2009

COVER LETTER

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

SUBJECT: YAJIAN ENTERPRISES, 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: TONY YAJIAN

Name (Printed or typed)

9 BONNIE CT. SOUTH

Address

HOMOSASSA, FL. 34446

City, State & Zip

352-382 2447

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:

YAJIAN ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

9 BONNIE CT. SOUTH HOMOSASSA, FL. 34446

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL MERCHANDISE SALES.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TONY YAJIAN 9 BONNIE CT. SOUTH. HOMOSASSA, FL. 34446 PRESIDENT
TONY YAJIAN 9 BONNIE CT. SOUTH HOMOSASSA. FL. 34446 SECRETARY
TONY YAJIAN 9 BONNIE CT. SOUTH HOMOSASSA. FL. 34446 TREASURER

ARTICLE VI REGISTERED AGENT

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

TONY YAJIAN 9 BONNIE CT. HOMOSASSA FL. 34446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TONY YAJIAN 9 CONNIE CT. SOUTH HOMOSASSA FL. 34446

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

5-1-2009

Date



Signature/Incorporator

5-1-2009

Date

FILED

2009 JUL -9 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA