

P09000071054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

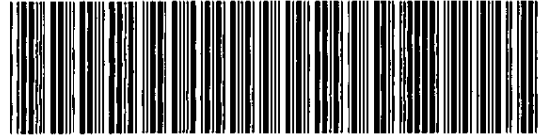
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Nelson Santos GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE MRS 8/25/09
DOC. EXAM in MRS

Office Use Only



000159584080

08/24/09--01024--011 **87.50

FILED

09 AUG 24 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
8/25

COVER LETTER

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

SUBJECT: YEDA MULTISERVICES 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: MARIA SANTOS
Name (Printed or typed)

4913 OAKWAY DRIVE
Address

ST. CLOUD FL 34771
City, State & Zip

407-791-9906
Daytime Telephone number

SANTOSREO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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:

YEDA MULTISERVICES INC.

FILED

09 AUG 24 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

4913 OAKWAY DRIVE
ST. CLOUD FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROPERTY MANAGEMENT, FREIGHT FORWARDING.

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):

MARIA SANTOS - PRESIDENT
4913 OAKWAY DRIVE
ST. CLOUD FL 34771

ARTICLE VI REGISTERED AGENT

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

Nelson SANTOS
4913 OAKWAY DRIVE
ST. CLOUD FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA SANTOS
4913 OAKWAY DRIVE
ST. CLOUD FL 34771

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

x Nelson Santos

Signature/Registered Agent

x Maria Santos

Signature/Incorporator

Date

8/20/09

Date