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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT:		orporation.	,
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 CO	OPY REQUIRED
FROM:		ndo Guevara e (Printed or typed)	
_	1170 NW 134 Ave Address		
		Address	
	Miami, FL 33182		
	City.	State & Zip	
<u></u>	786 200-6374		
	Daytime Telephone number		
	ogoart@yahoo.com		
	E-mail address: (to be use	d for future annual report i	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:

Yes! Corporation.

<u> ARTICLE II PRINCIPAL OFFICE</u>

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

1170 NW 134 Ave Miami, FL 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE_V INITIAL OFFICERS AND/OR DIRECTORS

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

Vivian Guevara President

14372 SW 40 Ter

Miami,FL 33175

<u>ARTICLE VI REGISTERED AGENT</u>

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

Orlando Guevara

1170 NW 134 Ave

Miami, FL 33182

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Walfreddy Gomez P.A.

3450 West 84 Street Suite 202-F

Hialeah, FL 33018

Signature/incorporator

Date

4/20/10

Date