

P11000026/33

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **YX OVER ROAD 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: **YURISAN LEYVA RAMOS**

Name (Printed or typed)

3950 ARKANSAS AVE NE

Address

ST PETERSBURG FL 33703

City, State & Zip

8502102201

Daytime Telephone number

BCPLINC@LIVE.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: YX Over Road INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3950 ARKANSAS AVE NE
ST PETERSBURG FL 33703

Mailing address, if different is:
3950 ARKANSAS AVE NE
ST PETERSBURG FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All purpose

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MGR YURISAN LEYNA RAMOS
Address: 3950 ARKANSAS AVE NE
ST PETERSBURG FL 33703

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: YURISAN LEYVA RAMOS
Address: 3950 ARKANSAS AVE NE
ST PETERSBURG FL 33703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YURISAN LEYVA RAMOS
Address: 3950 ARKANSAS AVE NE
ST PETERSBURG FL 33703

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]
Required Signature/Registered Agent

5/15/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

5/19/11
Date

FILED
11 MAR 16 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA