

P110000035263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

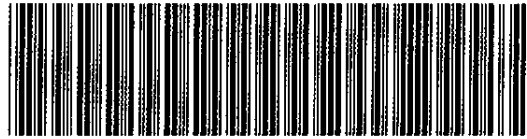
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800200811238

04/08/11--01028--003 **70.00

FILED
2011 APR -8 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 4/18

COVER LETTER

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

SUBJECT: **YSP ENTERPRISE, 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: **YSP ENTERPRISE, INC.**

Name (Printed or typed)

10239 GOLDENBROOK WAY

Address

TAMPA, FL 33647

City, State & Zip

813-505-7348

Daytime Telephone number

jennyspereap@hotmail.com ✓

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR -8 PM 3:30

FILED

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

YSP ENTERPRISE, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
10239 GOLDENBROOK WAY
TAMPA, FL 33647

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
LENDING AND INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YENIT S. CANDELARIA / PRESIDENT	Name and Title: _____
Address: 10239 GOLDENBROOK WAY	Address: _____
TAMPA, FL 33647	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **CLAUDIA OSORIO**
Address: **4538 EAGLE FALLS PLACE**
TAMPA, FL 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **YENIT S. CANDELARIA**
Address: **10239 Goldenbrook Way**
TAMPA, FL 33647

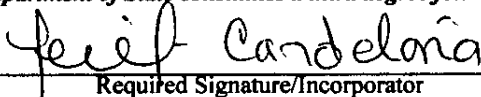
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/4/11
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.



Required Signature/Incorporator

4/4/11
Date

FILED
2011 APR - 8 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA