

P11000055308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
6/14

## COVER LETTER

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

SUBJECT: Yada Yada Yogurt 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: Debra Salyer

Name (Printed or typed)

2404 Lakeshore Dr

Address

Nokomis FL 34275

City, State & Zip

(260) 437-3402

Daytime Telephone number

ssu2404@aol.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: Yada Yada Yogurt Inc

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2404 Lakeshore Dr  
Nokomis FL 34275

Mailing address, if different is:

2218 Gillmore Dr  
Fort Wayne IN 46818

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Frozen Yogurt shop

## **ARTICLE IV SHARES**

The number of shares of stock is: 1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rick D Salyer/Vice President  
Address: 2218 Gillmore  
Fort Wayne IN 46818

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Debra S Salyer/President  
Address: 2404 Lakeshore Dr  
Nokomis FL 34275

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:

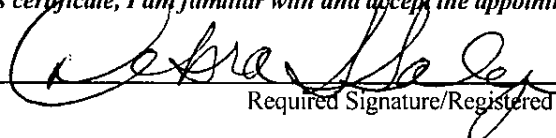
Name: Debra S Salyer  
Address: 2404 Lakeshore Dr  
Nokomis FL 34275

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

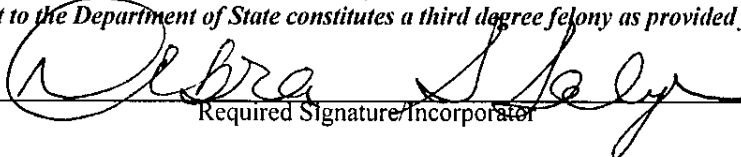
Name: Debra S Salyer  
Address: 2404 Lakeshore Dr  
Nokomis FL 34275

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

6/6/2011  
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

6/6/2011  
Date

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