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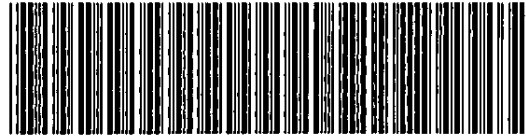
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 OCT 24 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 25 2011

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COVER LETTER

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DIVISION OF CORPORATIONS

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

SUBJECT: NY FLAVA PROFESSIONAL SERVICES, 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: VERONIQUE BAPTISTE

Name (Printed or typed)

PO BOX 91843

Address

LAKELAND, FL 33804

City, State & Zip

(863) 401-5144

Daytime Telephone number

NYFLAVA12003@YAHOO.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)

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ARTICLE I NAME

NY FLAVA PROFESSIONAL SERVICES, INC.

The name of the corporation shall be:

2011 OCT 24 PM 4: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
4780 HOLTON RD
AUBURNDALE, FL 33823

Mailing address, if different is:

PO BOX 91843
LAKELAND, FL 33804

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

I, Veronique Baptiste (the "Owner, CEO and Controlling Stockholder") of NY Flava Professional Services, Inc. am a self-motivated, self-employed and experienced provider of business professional related services. My work experiences include Business Management, Human Resource, Computer and Business Training, Minor Computer Repair, Banking, Bookkeeping, Retail Sales, IT and non-related positions in both corporate and small business organizations. I believe my varied positive experiences as a business service provider, abilities as a hard worker, a committed team player, being dedicated to my work and a good communicator will contribute positively to the mission of this company while helping to meet the goals I have set for NY Flava Professional Services, Inc.

NY Flava Professional Services, Inc. will be providing Management, Business Consulting, Human Resource Consultant, Computer Services, Event Planner and other business related services to the public by the use of internet and intranet (the "company website @ www.NY-Flava.com or www.EBay.com or using the World Wide Web), mail (the "USPS"), phone, fax and in person. Being a home based business here in Central, Florida makes us accessible to many locations in the Central, Florida area and surrounds counties.

Our Mission Statement: NY FLAVA PROFESSIONAL SERVICES, INC. is an elite, ready, willing and available company with an answer to our entire customer's well awaited question. Quality Service is our main priority and fast delivery is our area of expertise. We service all our customers and staff as if they were a member of our company's family.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 and I, Veronique Baptiste (the "Owner, CEO and Controlling Stockholder") own 100% of all the shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: VERONIQUE BAPTISTE
Address: 4821 SENANDER CRESCENT
LAKELAND, FL 33810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VERONIQUE Y. BAPTISTE
Address: 4821 SENANDER CRESCENT
LAKELAND, FL 33810

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

10/19/11
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

10/19/11
Date