

P12000043989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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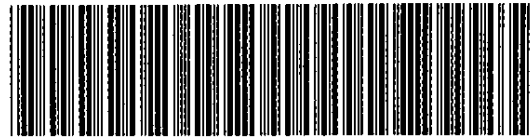
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -9 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/10/12

COVER LETTER

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

SUBJECT: **YACHAY WASI ENTERPRISES CORP.**
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **LEDDA I AREVALO**
Name (Printed or typed)

8390 NW 21 ST
Address

SUNRISE, FL 33322
City, State & Zip

954-802-6009
Daytime Telephone number

JINVEST1@BELLSOUTH.NET
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:

YACHAY WASI ENTERPRISES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7780-82 NW 44 ST
SUNRISE, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS
TO OPERATE AS A RESTAURANT**

ARTICLE IV SHARES

The number of shares of stock is:

100 \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAIME AREVALO-President

Address: 8390 nw 21 st
SUNRISE, FL 33322

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: LEDDA I AREVALO

Address: 8390 NW 21 ST
SUNRISE, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEDDA I AREVALO

Address: 8390 NW 21 ST
SUNRISE, FL 33322

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

5/7/12
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

5/7/12
Date

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12 MAY -9 PM 3:43
CLERK OF STATE
TALLAHASSEE, FLORIDA