

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ASSOCIATED TAX CONSULTANTS, INC
Account Number : I20090000061
Phone : (305) 823-9292
Fax Number : (305) 824-0703

SECRETARY OF STATE
ALLAHASSEE, FL 32009

12 JUN - 1 PM 4: 05

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ATCGIE@Yahoo.Com

FLORIDA PROFIT/NON PROFIT CORPORATION
YANET'S CAFETERIA-RESTAURANT CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
DEPARTMENT OF STATE
ALLAHASSEE, FL 32009

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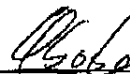
Florida Department of State

Attention: New Filings Section

Date: JUNE, 1 , 2012

To whom it may concern:

This is to advise you that the owners of YANET'S CAFETERIA-RESTAURANT CORP. INC. of Doc # P08000064071 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.



ORELVIS SOSA - REGISTERED AGENT

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: YANET'S CAFETERIA-RESTAURANT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
658 WEST 35 STREET
HIALEAH FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 600 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORELVIS SOSA

Address: 658 WEST 35 STREET P.D.
HIALEAH FL 33012

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: ORELVIS SOSA

Address: 658 WEST 35 STREET
HIALEAH FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORELVIS SOSA

Address: 658 WEST 35 STREET
HIALEAH FL 33012

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

06/01/12

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

06/01/12

Date

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SECRETARY OF STATE
TALLAHASSEE, FL 06/01/12