PA000094450

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Social State Administry)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
The state of the s						



500241694305

11/13/12--01026--004 **78.75

TO NOV 13 AM II: 39
SECRETARY OF STATE
FALLAHASSEE, FLORIDA
FALLAHASSEE, FLORIDA

Office Use Only

MD 11/14

COVER LETTER

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

SUBJECT: YULY GENERAL SERVICES CORP.								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status					

FROM:	GRISELDA N.VASQUEZ CRUZ					
	Name (Printed or typed)					
10757 MAREEBA ROAD Address						
City, State & Zip						
	904 233 8141					
	Daytime Telephone number					
	vasquezgriselda64@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 INC		(Profit)		
	•		(72
The name of the corp	IAME oration shall be: YULY GENERAL SERVICES C	ORP.		AH	NON .
ARTICLE II P	RINCIPAL OFFICE			SSE:	ယ်
	Principal <u>street</u> address 1757 MAREEBA ROAD CKSONVILLE FL 32246	Ma	iling address, if differe	nt isiá-<	垩
					• •
ARTICLE III P	URPOSE the the corporation is organized is:			ATE AUN	39
	S, PAINTING SERVICES, STUCCO, DRYWALL, F	IANDVAAAN AND ALL O	THE CENERAL CERVIA	-	
ARTICLE IV S The number of shares	HARES 100				
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTO	RS			
Name and Title Address:	GRISELDA N. VASQUEZ CRUZ, PRESIDENT 10757 MAREEBA ROAD JACKSONVILLE FL 32246	Name and Title:Address:			·
Name and Title Address:		Name and Title:Address:			
Name and Title Address:		Address:			
ARTICLE VI R	EGISTERED AGENT				
The name and Florid	da street address (P.O. Box NOT acceptable) GRISELDA N. VASQUEZ CRUZ	of the registered agent	is:		
Name: Address:	10757 MAREEBA ROAD				
Address;	JACKSONVILLE FL 32246				
4 D M C C D T T T T	VCOPPOR 4 700 P				
ARTICLE VII II	ess of the Incorporator is:				
Name:	GRISELDA N. VASQUEZ CRUZ				
Address:	10757 MAREEBA ROAD JACKSONVILLE FL 32246				
	as registered agent to accept service of proce familiar with and accept the appointment as r				ted in
Inverter 1	2) Griseld N. Uas	9003 cruz.	<u> //- c</u>	06-Z-	0/2
- - '-	Required Signature/Registered Agent	-	. 1	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.

Sallogues Grise Lo N. Vosquez. Croz 11-06-2012

Required Signature/Incorporator

Date