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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
YOLY & ELENA, INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 31 PM 1:06

RECEIVED
13 JUL 31 PM 2:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

8/1/13

COVER LETTER

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

SUBJECT: YOLY & ELENA, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: YANELLE M BARINAS

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

3058710889

Daytime Telephone number

BARINASB@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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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)

FILED
-SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: YOLY & ELENA, INC

13 JUL 31 PM 1:06

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

10113 W OKEECHOBEE RD

HIALEAH, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: VICE PRESIDENT

Address: ANGELA RAVELO

Address: MARIA VARGAS

2874 W 71ST PL

18630 BOBOLINK DR

HIALEAH, FL 33018

HIALEAH, FL 33015

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

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:

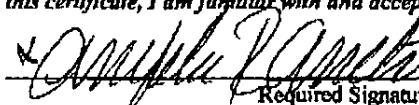
Name: ANGELA RAVELO
Address: 10113 W OKEECHOBEE RD
HIALEAH, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANGELA RAVELO
Address: 2874 W 71ST PL
HIALEAH, FL 33018

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

07/30/2013

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

07/30/2013

Date

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