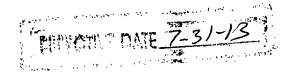


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SION: OF GORFURATIONS

COVER LETTER

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

_{subject:} Yeah yeah, Inc.		
	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status The Dept of State	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
	e (Printed or typed)	
3109 Waterview D		<u> </u>
Milton, Florida 325		
850-723-4726	State & Zip	
	elephone number	
mainstreetcafe01@ac	OI.COM d for future annual report	notification)
E man address. (to be use	a sos sacuso assistas ropost	iioiiiouij

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)

OF CORPORATION

OF CORPORATION

name of the corpo	ration shall be: Yeah yeah, Inc.		13 AUG - 1 PM 12: 38		
TICLE II PR	INCIPAL OFFICE	<u>.</u>			
Principal <u>street</u> address		Mailing address, if different is: P.O. Box 429			
5821 Caroline St.					
ilton, Florid	a 32570	Bago	ad, Florida 32530		
	RPOSE the corporation is organized is:	ition of a restaurant and to engag	ge in any and all levelul business permitted under the lews of the State of F		
		Wells.	外間 7-3/-13		
			THE STATE OF THE S		
number of shares of	ITIAL OFFICERS AND/OR DIRECTORS	Name and Title:	P.O Box 429		
number of shares of the shares of the share and Ti Address	TIAL OFFICERS AND/OR DIRECTORS ale: Cassandra L. Sharp, Pres. 3109 Waterview Dr Milton, Florida 32583 e: Gregory W. Sharp, Sec/Treas	Name and Title: Address:	P.O Box 429 Bagdad, Florida 3253		
number of shares of the shares of the share and Ti Address	TTIAL OFFICERS AND/OR DIRECTORS Cle: Cassandra L. Sharp, Pres. 3109 Waterview Dr Milton, Florida 32583 e: Gregory W. Sharp, Sec/Treas	Name and Title: Address: Name and Title:	P.O Box 429 Bagdad, Florida 3253		
number of shares of TICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTORS Cle: Cassandra L. Sharp, Pres. 3109 Waterview Dr Milton, Florida 32583 e: Gregory W. Sharp, Sec/Treas	Name and Title: Address:	P.O Box 429 Bagdad, Florida 3253		
TICLE V IN Name and Ti Address Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTORS ale: Cassandra L. Sharp, Pres. 3109 Waterview Dr Milton, Florida 32583 e: Gregory W. Sharp, Sec/Treas 710 Briar Creek	Name and Title: Address: Name and Title: Address:	P.O Box 429 Bagdad, Florida 3253		



Name and	d Title:	Name and Title:_	13 AUG - I	PM 12: 38	
Address		Address:			_
					<u> </u>
		_	<u> </u>		
ARTICLE VI The name and F	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agen	ıt is:		
Name:	Cassandra L Sharp				
Address:	3109 Waterview Dr.	-			
	Milton, Florida 32583				
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:	Article	VIII (Effective	Vale:
Name:	Cassandra L. Sharp	Ettec	tive da	le shall	be:
Address:	3109 Waterview Dr.		July 3	1,2013	
	Milton, Florida 32583)	1005	
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	istered agent and o	agree to act in thi	s capacity	ed in
	Required Signature/Registered Agent	<u>S</u>	Ju	lly 30, 2013	
I submit this doc	rument and affirm that the facts stated herein are Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware i y as provided for ii	that the false info		in a