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SECRETARY OF STATE
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DIVISION OF CORPORATIONS

1/4

COVER LETTER

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

SUBJECT: Yamas Entertainment - St. Maarten, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM:	Joe Bruce				
	Name (Printed or typed)				
	10175 FORTUNE PARKWAY, SUITE 705				
	Address				
	JACKSONVILLE, FLORIDA 32256				
	City, State & Zip				
	904-260-5571				
	Daytime Telephone number				
	BIGEASYCAJUN@YAHOO.COM				

NOTE: Please provide the original and one copy of the articles.

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM The name of the corpora	tion shall be: Yamas Entertai	nment - S	St. Maarten, Inc.
	NCIPAL OFFICE Principal street address E PARKWAY, SUITE 705		Mailing address, if different is:
JACKSONVIL	LE, FLORIDA 32256		
ARTICLE III PUR. The purpose for which t	POSE he corporation is organized is: Any ar	nd all law	ful business.
			SEGRETARY DIVISION OF CO
			OF STATE
The number of shares of ARTICLE V INT	KIAL OFFICERS AND/OR DIRECTOR. Kung-Po Yen, P/D 10175 Fortune Pkwy.# 705 Jacksonville,FI 32256		Kung-Ti Yen, VP/T/D 10175 Fortune Pkwy.# 705 Jacksonville,FI 32256
Name and Title:	Ibrahim Gungor,VP/S/D 10175 Fortune Pkwy.# 705 Jacksonville,FI 32256		
Name and Title:			

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Nama	and Title:	Name and Title:	DIVISION OF CORPORATIONS
			2013 AUG 12 PM 1: 10
Addre	SSS	Address:	
<i>RTICLE VI</i> ne name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent	is:
Jame:	Kung-Po Yen		
Address:	10175 Fortune Parkway, Suite 705		
	Jacksonville, FI 32256		
RTICLE VI	I INCORPORATOR		
he <u>name and</u>	address of the Incorporator is:		
Name:	Kung-Po Yen		
Address:	10175 Fortune Parkway, Suite 705		
	Jacksonville, Florida 32256		
Janius kasu u	amed as registered agent to accept service of process	for the above state	d cornovation at the place designated (
aving been n is certificate,	amea as registered agent to accept service of process. I am familiar with and accept the appointment as regi	istered agent and ag	gree to act in this capacity
	Required Signature/Registered Agent		8/9/13
	Required Signature/Registered Agent		Date
submit this d ocument to th	ocument and affirm that the facts stated herein are to be Department of State constitutes a third degree felony	true. I am aware th y as provided for in	nat the false information submitted in s.817.155, F.S.
	Required Signature/Incorporator		8/9/13
	Required Signature/Incorporator		Date