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JIVISK & F CORPORATION

or 10/1/13

COVER LETTER

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

_{suвјест:} Blai	ne Yorkirons Inv				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status PY REQUIRED		

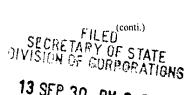
FROM: Denton A B Yorkirons		
Name (Printed or typed)		¥.
2221 SE Gowin Dr	3 SEP	SICH SICH
Address	P 30	로 그
Port Saint Lucie FL 34952	O PR	SOUTH OF THE CONTRACT OF THE C
City, State & Zip	بن	ST ST
772-201-3557	2	ATE
Daytime Telephone number		र्क
yorkirons@gmail.com E-mail address: (to be used for future annual report notification)		

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

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

FILED SECRETARY OF STATE IVISION OF CORPORATIONS
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Address Name and Title: Name and Title: Name and Title: Name and Title: Address Name and Title:	TICLE I NAM name of the corpora	<u>Æ</u> tion shall be: Blaine Yorkirons Ir	nvestment (CO 13 SER OR OF
Address Name and Title:	TICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address		10 051 00 FM
TICLE IV SHARES number of shares of stock is: 100 TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Denton A B Yorkirons President Address 2221 SE Gowin Dr Address: Port Saint Lucie FL 34952 Name and Title: Name				
Name and Title: Denton A B Yorkirons President Name and Title: Address Port Saint Lucie FL 34952 Name and Title: Name and Tit	TICLE III PUR purpose for which t	POSE the corporation is organized is:	ness	
Name and Title:				
Name and Title:				
Address 2221 SE Gowin Dr Address: Port Saint Lucie FL 34952 Name and Title: Name and Title: Address: Address: Address: Name and Title: Name and Title:				
Port Saint Lucie FL 34952 Name and Title: Address Address: Name and Title: Name and Title: Name and Title:	TICLE V INIT	TAL OFFICERS AND/OR DIRECTOR		
Address: Name and Title: Name and Title:	TICLE V INT	TIAL OFFICERS AND/OR DIRECTORS Denton A B Yorkirons President	Name and Title:_	
Name and Title:Name and Title:	TICLE V INT	Denton A B Yorkirons President 2221 SE Gowin Dr	Name and Title:_	
Name and Title: Name and Title:	Name and Title Address	Denton A B Yorkirons President 2221 SE Gowin Dr Port Saint Lucie FL 34952	Name and Title: Address:	
	Name and Title Address Name and Title:	Denton A B Yorkirons President 2221 SE Gowin Dr Port Saint Lucie FL 34952	Name and Title: Address: Name and Title:	
Address:Address:	Name and Title Address Name and Title: Address	Denton A B Yorkirons President 2221 SE Gowin Dr Port Saint Lucie FL 34952	Name and Title: Address: Name and Title: Address:	



Name ar	nd Title:	Name and Title:	10 3EL 30 PH 3: 51
Address	s	Address:	
			
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) or	f the registered agent is:	
Name:	Denton A B Yorkirons		
Address:	2221 SE Gowin Dr	-	
	Port Saint Lucie FL 34952	- -	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Denton A B Yorkirons		
Address:	2221 SE Gowin Dr	_	
	Port Saint Lucie FL. 34952		
Having been nar this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corpistered agent and agree to	poration at the place designated in o act in this capacity
Ventin			09/20/2013
	Required Signature/Registered Agent		Date
I submit this document to the	rument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the y as provided for in s.817	e false information submitted in a 1.155, F.S.
Nouto	n a. B. Vakerows		09/20/2013
- J.	Required Signature/Incorporator		Date

And a second