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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Blaine Yorkirons Investment Co

(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Denton A B Yorkirons

Name (Printed or typed)

2221 SE Gowin Dr

Address

Port Saint Lucie FL 34952

City, State & Zip

772-201-3557

Daytime Telephone number

yorkirons@gmail.com

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

13 SEP 30 PM 3: 51

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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)

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ARTICLE I NAME

The name of the corporation shall be: Blaine Yorkirons Investment Co

13 SEP 30 PM 3: 51

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2221 SE Gowin Dr

Port Saint Lucie FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denton A B Yorkirons President

Name and Title: _____

Address 2221 SE Gowin Dr

Address: _____

Port Saint Lucie FL 34952

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION OF CORPORATIONS

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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: Denton A B Yorkirons
Address: 2221 SE Gowin Dr
Port Saint Lucie FL 34952

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Denton A B Yorkirons
Address: 2221 SE Gowin Dr
Port Saint Lucie FL. 34952

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

Denton A. B. Yorkirons
Required Signature/Registered Agent

09/20/2013

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.

Denton A. B. Yorkirons
Required Signature/Incorporator

09/20/2013

Date