

P13000088426

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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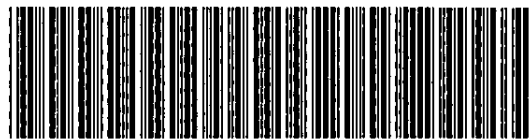
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 28 PM 12:08

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OCT 28 2013  
M. SOLOMON

COVER LETTER

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SUBJECT: Young Tax and Insurance Services, 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  
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: Shelley Young

Name (Printed or typed)

230 Fairway West

Address

Tequesta, Florida 33469

City, State & Zip

(561) 313-7065

Daytime Telephone number

Shelley@YoungBenefits.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)

**ARTICLE I NAME**

The name of the corporation shall be: Young Tax and Insurance Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

230 Fairway West

Tequesta, FL 33469

Mailing address, if different is:

1340 North US Hwy. One

Tequesta, FL 33469

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Offer tax and insurance services to the community.

**ARTICLE IV SHARES**

The number of shares of stock is: 20

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shelley Young, President

Address 230 Fairway West

Tequesta, FL 33469

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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(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: Shelley Young  
Address: 230 Fairway West  
Tequesta, FL 33469

**ARTICLE VII INCORPORATOR**

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

Name: Shelley Young  
Address: 230 Fairway West  
Tequesta, FL 33469

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TALLAHASSEE, FL 32304

*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*

Shelley Young  
Required Signature/Registered Agent

10/25/2013

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.*

Shelley Young  
Required Signature/Incorporator

10/25/2013

Date