Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694

Phone : (305)634-3694 Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Add | ress: | | |
|-----------|-------|--|--|
|-----------|-------|--|--|

FLORIDA PROFIT/NON PROFIT CORPORATION YELLOW ROSE ORIENTATION CENTER, CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

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3/4/2014

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COVER LETTER

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

| SUBJECT: | Yellow Rose Orientation Center, Corp. | |
|----------|---|--|
| | (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | |

Enclosed is 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 **□** \$87.50

& Certified Copy

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

EDONG

Sandra Berrios

Name (Printed or typed)

18590 NW 67 Avenue

Address

Suite 200B Miami, FI 33018

City, State & Zip

305 364-8941

Daytime Telephone number

Berrios223@aol.com

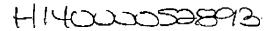
E-mail address: (to be used for future annual report notification)

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

9696669906

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| <i>LRTICLE</i> | II PRINCIPAL OFFICE | • | | |
|--|---|--|--|---------------------------------------|
| | Principal street address: 3590 NW 67 Avenue | Mailing add | ress, if different ls: | _ |
| S | uite 200B Miami, Florida | | | |
| 3 | 3015 | | | 202. 202. |
| | mr PURPOSE for which the corporation is organized is: A women. Our purpose is to | * | | of compar |
| | nent and provate entities w | | | N. T. S. |
| | d also orientation on how | · | · · · · · · · · · · · · · · · · · · · | . 27 |
| | | to property to loave in | on norms in noodbodity. | - |
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| D-9-17-7-19- | W WARRED AF PT PATANT The | manager in which the directors are almost | d and translated | - |
| RTICLE | IV MANNER OF ELECTION The | manner in which the directors are electe | d and appointed: | • • |
| RTTCLE | IV MANNER OF ELECTION The | manner in which the directors are electe | ed and appointed: | - - |
| | A | | ed and appointed: | |
| RTICLE | A | DIFFICTORS | ······································ | - - . \ |
| ARTICLE | V INITIAL OFFICERS AND/OR I | DIRECTORS | ······································ | - - . \ |
| ARTICLE | v INITIAL OFFICERS AND/OR I | DIRECTORS Name and Title: | ······································ | - - . \ |
| ARTICLE | v INITIAL OFFICERS AND/OR I itle: Sandra Berrios/Presider 18590 NW 67 Avenue | DIRECTORS Name and Title: | ······································ | - - . \ |
| ARTICLE lame and T | V INITIAL OFFICERS AND/OR I ide: Sandra Berrios/Presider 18590 NW 67 Avenue Suite200B Miami, Florida33018 | DIRECTORS Name and Title: | ······································ | · · |
| arricle ame and T ddress | V INITIAL OFFICERS AND/OR I ide: Sandra Berrios/Presider 18590 NW 67 Avenue Suite200B Miami, Florida33018 | DIRECTORS 1t Name and Title: Address: | ······································ | · · · · · · · · · · · · · · · · · · · |
| ARTICLE lame and T | V INITIAL OFFICERS AND/OR I ide: Sandra Berrios/Presider 18590 NW 67 Avenue Suite200B Miami, Florida33018 | DIRECTORS 1t Name and Title: Address: Name and Title: | ······································ | - - · \ |
| ARTICLE lame and T | V INITIAL OFFICERS AND/OR I ide: Sandra Berrios/Presider 18590 NW 67 Avenue Suite200B Miami, Florida33018 | DIRECTORS 1t Name and Title: Address: Name and Title: | ······································ | - |
| ARTICLE lame and T ddress | y INITIAL OFFICERS AND/OR Jointe: Sandra Berrios/Presider 18590 NW 67 Avenue Suite200B Miami, Florida33018 | DIRECTORS 1t Name and Title: Address: Name and Title: | ······································ | - |
| ARTICLE ARTICLE ARTICLE ARTICLE ARTICLE Address Name and T | y INITIAL OFFICERS AND/OR Jointe: Sandra Berrios/Presider 18590 NW 67 Avenue Suite200B Miami, Florida33018 | Name and Title: Address: Name and Title: Address: | ······································ | .) |



| Name and Title:_ | | Name and Title: | . . |
|--|---|--|--------------------|
| Address | | Address: | |
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| | | | - |
| Name and Title: | | Name and Title: | _ |
| Address | | Address: | |
| | | | • |
| | | | • |
| | • | | |
| ARTICLE VI | REGISTERED AGENT rida street address (P.O. Box NOT accept | noble) of the market and appear in | |
| Name: | Sandra Berrios | able) of the regimered agent is: | |
| Address: | 18590 NW 67 Avenue | | |
| Address: | Suite 200B Miami, Fl 33 | 3015 | |
| ARTICLE VII | INCORPORATOR | | |
| The name and ad- | frees of the Incorporator is: Sandra Berrios | | |
| Name: | 18590 NW 67 Avenue | | |
| Address: | | 0015 | |
| | Suite200B Miami, Fl 33 | 5015 | |
| certificate, I am fo | miliar with and accept the appointment as | of process for the above stated corporation at the place registered agent and agree to act in this capacity | designated in this |
| $\bigcup \ell$ | udra berrios | 2/14 | 114 |
| | Required Signature of Registered | Agent Date | |
| I submit this docu- to the Depastment | ment and affirm that the facts stated herei of State constitutes a third degree felony a | n are true. I am aware that any false information submits provided for in s.817.135, P.S. | ited in a document |
| _Sa | Adra Burus S Required Signature of Incorp | 2/14/1 | 4_ |