

P14000065456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200262248892

08/04/14--01045--001 **70.00

FILED
14 AUG - 4 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 8/6/14

COVER LETTER

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

SUBJECT: Yetti Ventures 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: Kristine Sweatt

Name (Printed or typed)

719 US Highway 98 North

Address

Okeechobee, FL 34972

City, State & Zip

863-763-1040

Daytime Telephone number

yettioutfittersinc@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG - 4 PM 4: 17

FILED

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: Yetti Ventures Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

719 US Highway 98 North
Okeechobee, Fl 34972

Mailing address, if different is:

14 AUG -4 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David M. Sweatt, P
Address: 719 US Highway 98 North
Okeechobee, Fl 34972

Name and Title: Kristine V. Sweatt, VP
Address: 719 US Highway 98 North
Okeechobee, Fl 34972

Name and Title: _____
Address: _____

(conti.)

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: Kristine Sweatt

Address: 719 US Highway 98 N
Okeechobee, FI 34972

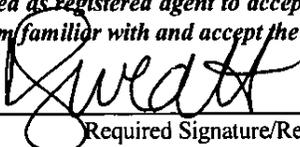
ARTICLE VII INCORPORATOR

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

Name: Kristine Sweatt

Address: 719 US Highway 98 N
Okeechobee, FI 34972

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



Required Signature/Registered Agent

7/31/2014

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.



Required Signature/Incorporator

7/31/2014

Date

FILED
14 AUG -4, PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA