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(Requestor's Name)
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PICK-UP WAIT MAIL
THOREOF WANT
(Business Entity Name)
(Busiliess Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

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09/26/14--01012--019 **78.75



9/29/14

COVER LETTER

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

SUBJECT:	YWS Enterprises, Inc.					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	7		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
	I/ a.w.	on Connov		7		
FROM:	M: Karen Conroy Name (Printed or typed)					
	6203 Jol	nns Rd Ste 3				
		FL 33634				
	City	, State & Zip	7,0		•	
(813) 839-0320			S 4			
	Daytime ⁷	Telephone number	525	SEP 2		
	karen@fundraisi E-mail address: (to be use	ngforacause.con	n SEC	26 PM 3. 2	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)

The name of the corporati	E YWS Enterprises,	lnc.	FILED
ARTICLE II PRIN	VCIPAL OFFICE Principal street address		14 SEP 26 PM 3-25 ress, if differentistary of State Tallahassee, Florida
Tampa, FL 33			
ARTICLE III PURI The purpose for which the Develop trade	ne corporation is organized is:		
ARTICLE IV SHA The number of shares of shares	RES stock is: 1		,
	Karen Conroy - President		
Address	6203 Johns Rd Ste 3		
	Tampa, FL 33634		
Name and Title:		Name and Title:	
Address			
Name and Title		Name and Title	
Address			
		-	

Name and	d Title:	Name and Title:	
Address		Address:	·
•		_	·····
			
·			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Karen Conroy	or the registered agent is.	
Address:	6203 Johns Rd Ste 3		
	Tampa, FL 33634		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Karen Conroy		
Address:	6203 Johns Rd Ste 3	_	
	Tampa, FL 33634	~	
	ned as registered agent to accept service of proce. Im familiar with and accept the appointment as re		
- Lau	The same		9/23/14
\bigcirc	Required Signature/Registered Agent		l Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
Top	Required Signature/Incorporator		7/23/14 Date
			•
			14 SECRE