

COVER LETTER

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

SUBJECT: YUSNET 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: L & M ACCOUNTING
Name (Printed or typed)
7750 SW 117TH AVE SUITE 201D
Address
MIAMI FLORIDA 33183
City, State & Zip
305 595-2407
Daytime Telephone number
MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

October 1, 2015

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

Re: YUSNET, INC
P13000012162

To whom it may concern:

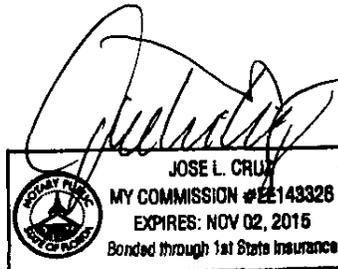
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me 305 595-2407.

Sincerely,



Nestor Cabrera



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
2015 OCT -8 PH 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: YUSNET, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
3392 S.W. 24 STREET
MIAMI FLORIDA 33145

Mailing address, if different
3392 S.W. 24 STREET
MIAMI, FLORIDA 33145

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

EFFECTIVE DATE
10-15-15

Tax I.D. # 46-1972975

ARTICLE IV SHARES
The number of shares of stock is: 100 @ \$1.00 ea

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Nestor Cabrera, President</u>	Name and Title:	_____
Address	<u>3392 S.W. 24 Street</u>	Address:	_____
	<u>Miami Florida 33145</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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: Nestor Cabrera
 Address: 3392 S.W. 24 Street
 Miami, Florida 33145

ARTICLE VII INCORPORATOR

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

Name: Nestor Cabrera
 Address: 3392 S.W. 24 Street
 Miami, Florida 33145

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature] _____ 10/15/15
 Required Signature/Registered Agent 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.

[Signature] _____ 10/15/15
 Required Signature/Incorporator Date