

(Re	equestor's Name)	
(Ad	ldress)	
·	·	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	■ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	OI Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

Your Processing Solution, Corp.

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$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 o Status PY REQUIRED
FROM:	ricia Taime Name	(Printed or typed)	
546	WoodGate Circle		
	1	Address	
Wes	ton, FL 33326		
<del></del>	City,	State & Zip	
754.	422.2861		
<del></del>		elephone number	
	PTaine	D bellsouth	.net

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

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

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME  The name of the corporate	TICLE I NAME  name of the corporation shall be:  YOUR PROCESSING SOLUTION, CORP.			
ARTICLE II PRINC			Mailing addre	ss, if different is:
546 WoodGate Circle				
Weston, FL 33326		<del></del>		
ARTICLE III PURPO The purpose for which th	SE te corporation is organized is:	FOR A PROFESS	SIONAL CORPORATIO	DN.
ARTICLE IV SHARE The number of shares of s	<u>S</u> 100 tock is:			BIVISHEN ST CORPSEATION
	LOFFICERS AND/OR DIRE Patricia Taime, President			.4.
Name and Title: Address	546 WoodGate Circle		Name and Title: Address:	
Address	Weston, FL 33326	Addr		
Name and Title:_ Address	Dominique Taime-Sorenson, 3562 Riverland Road Fort Lauderdale, FL 33312	Name		
Name and Title:_ Address	546 WoodGate Circle			
	Weston, FL 33326			

Name and Title	Shannon Ruiz, Secretary	Name and Title:
Address	1625 NW 80th Avenue Unit C	Address:
	Margate, FL 33063	
ADTICI E III DECL	OWEDED ACIENT	
	STERED AGENT street address (P.O. Box NOT acceptable	e) of the registered agent is:
<del></del>	tricia Taime	o, or mo registered agent is:
Address: 54	6 WoodGate Circle	
	eston, FL 33326	
		——————————————————————————————————————
ARTICLE VII INCO	RPORATOR	MAN SECOND
The name and address	of the Incorporator is:	
Name:	Patricia Taime	
Address:	546 WoodGate Circle	
,	Weston, FL 33326	
ARTICLE VIII EFF	ECTIVE DATE: 3/25/2016 than the date of filing:	. (OPTIONAL)
	<u> </u>	nnot be more than five business days prior or 90 business
<del>-</del> ·	ad in this his deducer of a continuous	No construction of the con
	ed in this block does not meet the applicate on the Department of State's recor	able statutory filing requirements, this date will not be listed as ds.
Having hoon named as	registered agent to accept service of pro	cess for the above stated corporation at the place designated in
this certificate, I am fan	registered agent to accept service by pro niliar with and accept the appointment as	cess for the above stated corporation at the place designated the registered agent and agree to act in this capacity
10	Rocintaro	Seout 3/25/2016
	Required Signature/Registered Agent	Date
		are true. I am aware that the false information submitted in a
aocument to the Depart	ment of State constitutes a third degree for	
Dallage	gnature/Incorporator Sn. Corp.	
- Learnied 21	gnatureantcorporator	Date

## **COVER LETTER**

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

SUBJECT: Your Pr	ocessing Solution, Corp.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	<b>≥</b> 78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Pat	ricia Taime Name	e (Printed or typed)	·····
546	WoodGate Circle		
		Address	
We	ston, FL 33326	•	
	City,	State & Zip	
754	.422.2861		
		elephone number	
	ptaine	@ bellsouth	.net
<del></del>	E-mail address: (to be use	d 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)

name of the corporat	ion andin be.	
TICLE II PRINC	Principal <u>street</u> address	Mailing address, if differe
WoodGate Circle		
ston, FL 33326		
FICLE III PURPO purpose for which the	PSE FOR A ne corporation is organized is:	A PROFESSIONAL CORPORATION.
number of shares of	stock is:	
number of shares of	stock is:  LOFFICERS AND/OR DIRECTORS  Patricia Taime, President	
number of shares of	L OFFICERS AND/OR DIRECTORS  Patricia Taime, President  546 WoodGate Circle	
number of shares of shares of shares of shares of shares and Title	L OFFICERS AND/OR DIRECTORS  Patricia Taime, President  546 WoodGate Circle	Name and Title:
number of shares of shares of shares of shares of shares and Title	Patricia Taime, President  546 WoodGate Circle  Weston, FL 33326	Name and Title:
number of shares	Patricia Taime, President  546 WoodGate Circle  Weston, FL 33326  Dominique Taime-Sorenson. VP	Name and Title:Address:
number of shares	Patricia Taime, President  546 WoodGate Circle  Weston, FL 33326  Dominique Taime-Sorenson. VP	Name and Title:Address:Name and Title:
number of shares of states	Stock is:  LOFFICERS AND/OR DIRECTORS  Patricia Taime, President  546 WoodGate Circle  Weston, FL 33326  Dominique Taime-Sorenson. VP  3562 Riverland Road  Fort Lauderdale, FL 33312	Name and Title:  Address:  Name and Title:  Address:
number of shares	Dominique Taime-Sorenson. VP  3562 Riverland Road  Fort Lauderdale, FL 33312  Danielle Taime-Cerda, VP	Name and Title: Address: Name and Title: Address:

Name and Title	Shannon Ruiz, Secretary	Name and Title:
Address	1625 NW 80th Avenue Unit C	Address:
	Margate, FL 33063	
	STERED AGENT street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name: Pa	tricia Taime	
Address:	6 WoodGate Circle	
<u>—</u>	eston, FL 33326	<del></del>
ARTICLE VII INCO	<u>RPORATOR</u>	<b></b> #
The name and address	of the Incorporator is:	THE STATE OF THE S
Name:	Patricia Taime	——————————————————————————————————————
Address:	546 WoodGate Circle	7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	Weston, FL 33326	
	than the date of filing:	. (OPTIONAL)  nnot be more than five business days prior or 90 business
	ed in this block does not meet the applic e date on the Department of State's reco	able statutory filing requirements, this date will not be listed as ids.
		cess for the above stated corporation at the place designated in s registered agent and agree to act in this capacity
	Registered	) Sept 3/25/2016
	Required Signature/Registered Agent	Date
	and affirm that the facts stated herein ment of State constitutes a third degree j	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.
1	Incara	3/25/2016
Red Wed Si	gnature/Jecornorator	Date