

P16000033533

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000093696 3)))



H160000936963ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

16 APR 14 PM 4:59

TO:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
YULIER'S RESIDENTIAL INNOVATIONS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 14 AM 11:14

7/14
45-16

H160000930 50

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Yulier's Residential Innovations Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

20225 N.W. 52 pl Miami, FL 33055**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yulier Jose Cazañas - President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Yulier Jose Cazañas
20225 N.W. 52 PL
Miami FL 33055**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yulier Jose Cazañas
20225 N.W. 52 PL
Miami FL 33055

H160000936 96

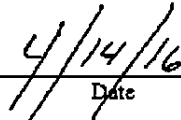
H16000093696

Required Signatures:

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.

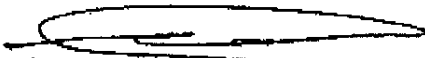


Registered Agent

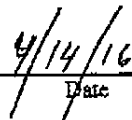


Date

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.



Incorporator



Date

45 APR 14 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000093696