

P16000059147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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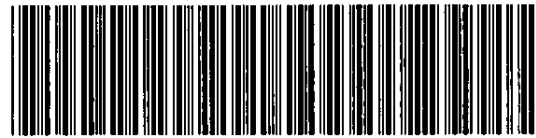
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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JUL 19 2016

07/19/16--01007--005 \*\*70.00

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CLERK OF DISTRICT COURT  
JUL 19 2016

7/19/16

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:**

7-18-16

☐ **CERTIFIED COPY**

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Inc

1.

Y & J Auto Sales Inc.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: Y & J AUTO SALES 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: Y & J AUTO SALES INC.

Name (Printed or typed)

16205 SW 117 AVE UNIT 8

Address

MIAMI, FL. 33177

City, State & Zip

786-301-0867

Daytime Telephone number

moliva4030@yahoo.com

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

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

EFFECTIVE DATE 07/15/16

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Y & J AUTO SALES INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
MAILING ADDRESS: FLORIDA

16205 SW 117 AVE UNIT 8

16205 SW 117 AVE UNIT 8

MIAMI, FL. 33177

MIAMI, FL. 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YANDRY JOSE GONZALEZ MELERO

Name and Title: \_\_\_\_\_

Address 16205 SW 117 AVE UNIT 8

Address: \_\_\_\_\_

MIAMI, FL. 33177

PRES.

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: Yandry Jose Gonzalez Melero  
Address: 16205 SW 117 Ave Unit 8  
Miami, FL 33177

**ARTICLE VII INCORPORATOR**

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

Name: Yandry Jose Gonzalez Melero  
Address: 16205 SW 117 Ave Unit 8  
Miami, FL 33177

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STATE  
ALL AMES, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 7/15/16 (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]  
Required Signature/Registered Agent

7/15/16  
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]  
Required Signature/Incorporator

7/15/16  
Date