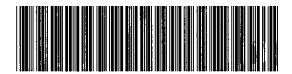
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(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	∍ #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

JUL 2 0 2016 T. SCOTT



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COVER LETTER

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

SUBJECT: Mindy Y	earty Photography, Inc.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d 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 CO	PY REQUIRED
FROM: Me		e (Printed or typed)	
169	68 Murcott Blvd.		
		Address	
Lox	ahatchee, FL 33470		
	City	, State & Zip	
561	-791-7979		
-	Daytime 7	relephone number	
mer	maidmindy@aol.com		
	F-mail address: (to be use	ed 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)

<u>ARTICLE II PRIN</u>	CIPAL OFFICE Principal street address		Mailing address, if different is:	
16968 Murcott Blvd.			<u></u>	
Loxahatchee, FL 3347	0	_		
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	tography Business		
ARTICLE IV SHAR The number of shares of	f stock is:			
	AL OFFICERS AND/OR DIRECTO			
Name and Titl	e: Melinda Yearty	Name and Title		
	e: Melinda Yearty 16968 Murcott Blvd.	Name and Title	:: 	
Name and Titl	e: Melinda Yearty	Name and Title		
Name and Titl	e: Melinda Yearty 16968 Murcott Blvd.	Name and Title		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name and Titl Address	e: Melinda Yearty 16968 Murcott Blvd. Loxahatchee, FL 33470	Name and Title Address:		
Name and Titl Address Name and Title	e: Melinda Yearty 16968 Murcott Blvd. Loxahatchee, FL 33470	Name and Title Address: Name and Title		
Name and Titl Address	e: Melinda Yearty 16968 Murcott Blvd. Loxahatchee, FL 33470	Name and Title Address: Name and Title		
Name and Titl Address Name and Title	e: Melinda Yearty 16968 Murcott Blvd. Loxahatchee, FL 33470	Name and Title Address: Name and Title Address: Address:		1000 1000 1000 1000 1000 1000 1000 100
Name and Title Address Name and Title Address	e: Melinda Yearty 16968 Murcott Blvd. Loxahatchee, FL 33470	Name and Title Address: Name and Title Address: Address:		
Name and Title Address Name and Title Address	e: Melinda Yearty 16968 Murcott Blvd. Loxahatchee, FL 33470	Name and Title Address: Name and Title Address: Name and Title		

Name a	nd Title:	Name and Title:
Addres		Address:
		
	REGISTERED AGENT	
The <u>name and I</u> Name:	Florida street address (P.O. Box NOT acceptable) Melinda Yearty	e) of the registered agent is:
Address:	16968 Murcott Blvd.	
	Loxahatchee, FL 33470	
ADTICLE LIE	NICONNON ATON	
	INCORPORATOR	
	address of the Incorporator is: Melinda Yearty	
Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	16968 Murcott Blvd.	<u></u>
	Loxahatchee, FL 33470	<u></u>
<i>ARTICLE VIII</i> Effective date. i	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)
(If an effective days after the 1	date is listed, the date must be specific and ca	annot be more than five business days prior or 90 business
•	0 ,	
	te inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, this date will not be listed a rds.
	·	
		ocess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
M	will start	7/5/16
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted if felony as provided for in s.817.155, F.S.
a ii	dule	7/5/16
Reg	uired Signature/Incorporator	Date