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.

(((H16000229154 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

 $\overline{\mathbb{C}}$ 

ம்

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

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 YILU CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

3052201440

## ARTICLES OF INCORPORATION H16000229157 In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Yilu Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	50
4902 Vision Ave Holidau	ن. سب
Florida 34690	, F -
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	• : •
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
taruk Kichani Gutierrez -P	
Nikolaos Kichani Paraskevopulos - vi	<b>&gt;</b>
	_
	_
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address (PO Box not acceptable) of the registered agent	is:
Faruk Richani Gutierrez	
4902 vision ave	
Holiday Florida 34690	
·	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	
Faruk Richani Gutierrez	-
4902 Vision AVE Holidan Florida 34690	-
Holidan Florida 34690	

H16000229154

## 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