P1700073632

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only

M. MOON SEP 06 2017



500302031655



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 796236 4728445

AUTHORIZATION : (

COST LIMIT : 75 70.000 Modes

ORDER DATE: September 5, 2017

ORDER TIME : 3:04 PM

ORDER NO. : 796236-005

CUSTOMER NO: 4728445

DOMESTIC FILING

NAME: YEL INVEST, INC.

EFFECTIVE DATE:

| <u>XXX</u> | ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | TALL, 17 SEJ |
|------------|---|-------------------------------------|
| PLEASE | RETURN THE FOLLOWING AS PROOF OF FILING: | -5 |
| XXX | CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | RY OF STA SEE, FLORI AM 8: 36 |
| CONTACT | T PERSON: Roxanne Turner - EXT. | J. IDA |

EXAMINER'S INITIALS:

COVER LETTER

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

| SUBJECT: YE | L Invest, Inc. | | | |
|--------------------|-------------------------------------|------------------------------------|--|--|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an | original and one (1) copy of the ar | ticles of incorporation and | d a check for: | |
| S70.0 Filing Fo | | S78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| | | ADDITIONAL CO | | |
| FROM: | | attorney ne (Printed or typed) | | |
| | 12424 Wilshire Blvd. #900 | | | |
| | | Address | | 7 |
| | Los Angeles, CA 90025 | | | SECRETARY OF STA 7 SEP -5 AM 8: 36 |
| City, State & Zip | | | | REI Allia |
| | 310-478-1000 | | | SSE SSE |
| | Daytime ' | Telephone number | | 8 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | doland@dolandlaw.com | | • | S74) OR/(36 |
| | E-mail address: (to be use | ed for future annual report i | notification) | 77.4 |

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)

| RTICLE II PRINCIPAL OFFICE Principal street address | | Mailing address, if different is: | | |
|--|--------------------------------|-----------------------------------|----------|--|
| 2424 Wilshire Blvd. #900 | | | | |
| os Angeles, CA 90025 | | | | |
| RTICLE III PURPOSE he purpose for which the corporation is organized is: | All legal purposes as permitte | d by Florida law, including b | ut not | |
| mited to real estate investment. | | | | |
| | | | | |
| | | | 17 S | |
| | | | 7 SEP -5 | |
| | | | 5 AH | |
| | | | ထု | |
| RTICLE IV SHARES he number of shares of stock is: | | | 36 | |
| | | | _ | |
| Name and Title: Yann Dupre, Director | | Yann Dupre, Secretary | | |
| Address 12424 Wilshire Blvd. #900 | | 12424 Wilshire Blvd, #900 | | |
| Los Angeles, CA 90025 | | Los Angeles, CA 90025 | | |
| Name and Title: Yann Dupre, President | Name and Title | Yann Dupre, Treasurer | | |
| 12424 Wilshire Blvd. #900 | Address: | 12424 Wilshire Blvd, #900 | | |
| Los Angeles, CA 90025 | | Los Angeles, CA 90025 | | |
| Name and Title: | Name and Title | : | | |
| Address | | | | |
| | | | | |

| Name ar | nd Title: | Name and Title: | |
|--|---|------------------------------------|---|
| Address | | Address: | |
| | - | | |
| ARTICLE VI The name and F | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | Corporation Service Company | | |
| Address: | 1201 Hays Street | | |
| | Tallahassee, FL 32301 | | 11 As |
| | <u>INCORPORATOR</u> | | ECRETAP LLAHAS LSEP -5 |
| The name and a | ddress of the Incorporator is: | | SEE: AM |
| Name: | Michael Doland of Doland & Fraade, attorney | | 7 8: |
| Address: | 12424 Witshire Blvd. #900 | | TAT ORIU |
| | Los Angeles, CA 90025 | |)A |
| Effective date, if (If an effective diffing.) Note: If the date | The other than the date of filing: State is listed, the date must be specific and cannot be inserted in this block does not meet the applicable of frective date on the Department of State's records. | be more than five days pric | • |
| mis cerujicate, i | ned as registered agent to accept service of process am familiar with and accept the appointment as regience Company | istered agent and agree to act | tion at the place designated in in this capacity September 5, 2017 |
| | Required Signature/Registered Agent | Нагту В. Davis Asst. Vice Presider | Date |
| I submit this document to the | cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony | rue. I am aware that the fals | se information submitted in a |
| | Oland | | September 5, 2017 |
| Requi | red Signature/Incorporator | <u></u> | Date |