

PT 000 088 574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

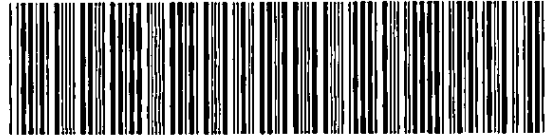
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500305206675

11/02/17--01034--005 \$70.00

D O'KEEFE  
NOV 03 2017


## AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **FARA Y YMBERT**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **F.YMBERT, INC.**, a Florida corporation to be filed with the Florida Department of State on or about **October 13th, 2017**.
2. The undersigned hereby consents to and authorizes the use by **F.YMBERT, INC.** of the name **F.YMBERT, INC.**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

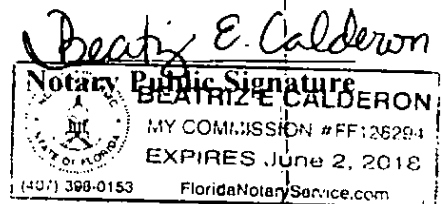
FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

  
FARA Y YMBERT

PERSONALLY appeared before me, **FARA Y YMBERT**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 13<sup>th</sup> day of October, 2017



P17000088574

## COVER LETTER

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

**SUBJECT:** E.YMBERT, 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:** STEPHANIE MARTINEZ  
\_\_\_\_\_  
Name (Printed or typed)

2600 NW 87TH AVE  
\_\_\_\_\_  
Address

DORAL, FL 33172  
\_\_\_\_\_  
City, State & Zip

(305)406-3800  
\_\_\_\_\_  
Daytime Telephone number

ATPLUS@LIVE.COM  
\_\_\_\_\_  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: F.YMBERT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2600 NW 87TH AVE

DORAL, FL 33172

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL AND ANY LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FARA Y YMBERT PRESIDENT

Name and Title:

Address: 2600 NW 87TH AVE

Address:

DORAL, FL 33172

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

CO 0000000-00000000

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: FARA Y YMBERT  
Address: 2600 NW 87TH AVE  
DORAL FL 33172

**ARTICLE VII INCORPORATOR**

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

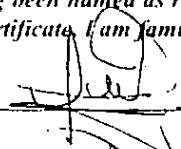
Name: FARA Y YMBERT  
Address: 2600 NW 87TH AVE  
DORAL FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

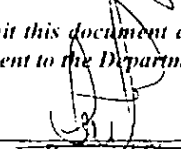
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 10/13/2017  
Required Signature/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.*

 \_\_\_\_\_ 10/13/2017  
Required Signature/Incorporator Date

10:11 4 2-17421