

PT 000 088 574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

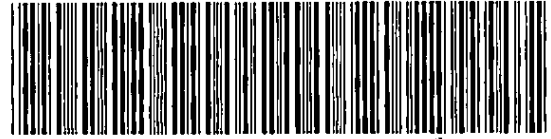
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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NOV 03 2017
00:11:01

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.

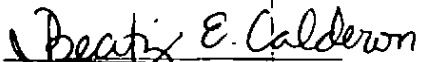


FARA Y YMBERT

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

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 13th day of October, 2017


 Notary Public Signature
BEATRIZ E. CALDERON
 MY COMMISSION # FF12629-1
 EXPIRES June 2, 2018
 (407) 398-0153 FloridaNotaryService.com

10/13/2017

10:00 AM

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-1113 6-21-21

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 FL33172

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

17411-2-17411