

P1700091572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

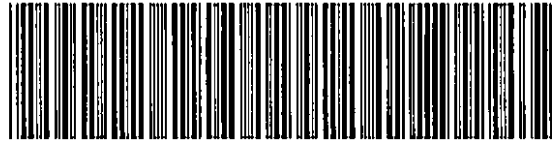
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Y2T 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: Julia Greenberg - Aguilar  
Name (Printed or typed)

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

onlybrigitta@gmail.com

E-mail address: (to be used for future annual report notification)

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**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: Y2T INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address  
1101 BRICKELL AVE. STE G0 #310367,  
MIAMI, FL 33231

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Entertainment. Music label company. Dj performance.

**ARTICLE IV SHARES**  
The number of shares of stock is: 5000

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

Name and Title: BRIGITTA KOCSIS - President  
Address: VIA PASSO DI FARGORIDA 11,  
MILANO, MILANO, ITALY 20148

Name and Title: BRIGITTA KOCSIS - Vice President  
Address: VIA PASSO DI FARGORIDA 11,  
MILANO, MILANO, ITALY 20148

Name and Title: BRIGITTA KOCSIS - Secretary  
Address: VIA PASSO DI FARGORIDA 11,  
MILANO, MILANO, ITALY 20148

Name and Title: BRIGITTA KOCSIS - Treasurer  
Address: VIA PASSO DI FARGORIDA 11,  
MILANO, MILANO, ITALY 20148

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Incorp Services, Inc

Address: 17888 67th Court North

Loxahatchee, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elena Malevska

Address: 1 Radisson Plaza, Ste.800

New Rochelle, NY 10801

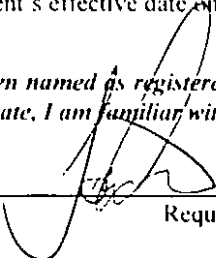
**ARTICLE VIII EFFECTIVE DATE:**

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*



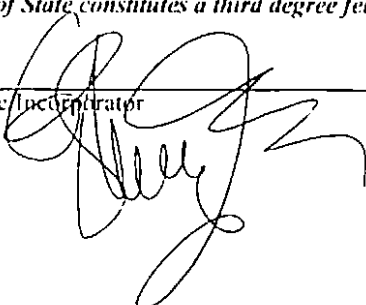
\_\_\_\_\_  
Required Signature/Registered Agent

11/03/2017

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator



11/03/2017

\_\_\_\_\_  
Date