1 P19000012771

(F	Requestor's Name)		
(F	Address)		
(F	Address)		
(0	City/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(E	Business Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



600320839116

02/18/19--01001--001 **78.75



COVER LETTER

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

SUBJECT:	I Debris Remo			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee. & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Name	Och Oom (Printed or typed)			
23 JA Morris Lane				
Crawfordville FL 32327				
850-5° Daytime To	59-1785 elephone number			
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: YOUN	Hy Hauling & Debris Removal Inc
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
23 JA Morris Lane Crawfordville, FL 32:	Same
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	\
business including bu	+ Not limited to
hauling and debris 1	emoval.
	ASSEE A PROPERTY.
	7 P. L. 2
ARTICLE IV SHARES The number of shares of stock is: 5 000.00	<u> </u>
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	ORS SENT
Name and Title: LISA Nahoom	Name and Title:
Address 23 JA Maris L	ONE_Address:
Crawfordville, 4	2327
Name and Title:	Name and Title:
Address	
Name and Title:	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 and Name:	<u> </u>	2019
Address: 23 JA Maris Crawfordulle, 9		FILE FEB 15 F
ARTICLE VII INCORPORATOR		PH 22
The <u>name and address</u> of the Incorporator is: Name: Lisa Mahaan		14.2 10010
Address: 23 JA MONIS Crawfordville		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specififing.)	- 15 - 10 . (OPTIONAL) ic and cannot be more than five days prior or 90 days	ays after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of Sta		fill not be listed as
Having been named as registered agent to accept serve this certificate, I am familiar with and accept the appoint		
Required Signature/Registere	ed Agent	15-19 Date
I submit this document and affirm that the facts state document to the Department of State constitutes a third	ed herein are true. I am aware that the false informa	ution submitted in a
Required Signature/Incorporator		15-19 Date

•