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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (786)650-1600
Fax Number : (786)650-1601

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAKOTATAX@GMAIL.COM

2019 MAY 21 PM 12:55

**FLORIDA PROFIT/NON PROFIT CORPORATION
YMR TRANSPORTATION OF FL**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

J DENNIS

MAY 22 2019

COVER LETTER

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

SUBJECT: YMR TRANSPORTATION FL CORP

(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: RAFAEL JOSE SANCHEZ

Name (Printed or typed)

21 NW 44TH AVENUE

Address

MIAMI, FL 33126

City, State & Zip

786 371 5978

Daytime Telephone number

2020TAXDATA@GMAIL.COM

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

NOTE: Please provide the original and one copy of the articles.

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DIVISION OF CORPORATIONS
19 MAY 21 PM 1:04

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: YMR TRANSPORTATION FL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

21 NW 44TH AVENUE

MIAMI, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL JOSE SANCHEZ PRESIDENT

Address 21 NW 44TH AVENUE

MIAMI, FL 33126

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF CORPORATION
DIVISION OF CORPORATION
19 MAY 21 PM 1:04

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: JNNAZ PRO SERVICE INC
Address: 13501 SW 128TH ST SUITE 217
MIAMI, FL 33186

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DIVISION OF CORPORATIONS
19 MAY 21 PM 1:04

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JNNAZ PRO SERVICE INC
Address: 13501 SW 128TH ST SUITE 217
MIAMI, FL 33186


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/06/2019 (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

 05/06/2019
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.

 05/06/2019
Required Signature/Incorporator Date