

P20000013 948

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

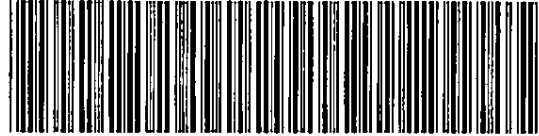
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/27/20--01023--023 \*\*87.50

## COVER LETTER

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

SUBJECT: YAHLPHA 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: SEAN SANCHEZ  
Name (Printed or typed)

4602 COUNTY ROAD 673 9490  
Address

BUSHNELL, FL 33513  
City, State & Zip

818 209 7420  
Daytime Telephone number

CAGROUP.LLC @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 27 AM 8:36

FILED

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: YAHLPHA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4602 COUNTY ROAD 673 9490  
BUSHNELL FL 33513

Mailing address, if different is:

10061 RIVERSIDE DR #444  
TOLUCA LAKE CA 91602

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ONLINE STOCK/OPTION  
DAY TRADING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEAN SANCHEZ CEO/  
PRESIDENT

Address 4602 COUNTY ROAD  
673 9490

Name and Title: GELINE OLYMPIA CFO,  
SECRETARY

Address: 6716 VINELAND AVE  
# 201  
NORTH HOLLYWOOD CA 91606

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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2020 JAN 27 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: SEAN SANCHEZ

Address: 4602 COUNTY ROAD 673 9490  
BUSHNELL, FL 33513

**ARTICLE VII INCORPORATOR**

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

Name: SEAN SANCHEZ

Address: 4602 COUNTY ROAD 673 9490  
BUSHNELL, FL 33513

**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*

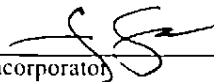


\_\_\_\_\_  
Required Signature/Registered Agent

1-24-2020

\_\_\_\_\_  
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

1-24-2020

\_\_\_\_\_  
Date

**FILED**  
2020 JAN 27 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FL