

P2000045408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
YOKVC NEW BEGINNING SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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:

YOKVC New Beginning Services Inc

ARTICLE II

Principal address:

22643 SW 109 Path

MIAMI, FL 33170

Mailing address:

22643 SW 109 Path

MIAMI, FL 33170

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is:

Behavior therapy and caregiver

ARTICLE IV

SHARES

The number of shares of stock is:

100

ARTICLE V

INITIAL OFFICERS AND/OR DIRECTORS

Name and Title

Yorkanla Cruz

President

Address:

22643 SW 109 Path

MIAMI, FL 33170

ARTICLE VI**REGISTERED AGENT**

The name and Florida Street address (PO BOX NOT ACCEPTABLE) of the registered agent is:

NAME:

Yorkania Cruz

22643 SW 109 Path

MIAMI, FL 33170

ARTICLE VII**INCORPORATOR**

The name and address of the Incorporator is:

Name:

Yorkania Cruz

Address:

22643 SW 109 Path

MIAMI, FL 33170

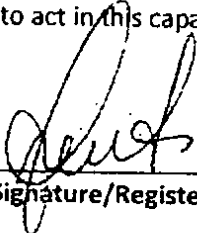
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

2020 JUN 22 PM 3:42

ARTICLE VIII**EFFECTIVE DATE:**

6/19/2020

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

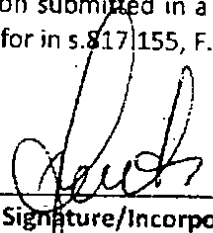


Required Signature/Registered Agent

6/19/2020

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

6/19/2020

Date