

**P2000034911136**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : KIM MARKS CPA  
Account Number : I20120000072  
Phone : (305)895-5815  
Fax Number : (305)895-6273

**\*\*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  
YANA FRANZ, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

OCT 08 2020

T. SCOTT

FILED  
2020 OCT -7 AM 9:04  
STATE OF FLORIDA

2020 OCT -7 AM 11:50

**COVER LETTER**  
**((H20000349111 3)))**

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

**SUBJECT:** YANA FRANZ, P.A.**(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:** Stephen Korn

Name (Printed or typed)

2136 NE 123rd St

Address

North Miami, FL 33181

City, State &amp; Zip

305-895-5815

Daytime Telephone number

Stephen@kimmarkscpa.com

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**

((H20000349111 3)))

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: YANA FRANZ, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17201 COLLINS AVENUE Apt 801

SUNNY ISLES BEACH, FL 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Leasing and Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: YANA FRANZ, President

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

Address 17201 COLLINS AVENUE #801

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

SUNNY ISLES BEACH, FL 33160

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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2020 OCT -7 AM 9:04  
STATE  
FLORIDA

(((H20000349111 3)))

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: Kim Marks CPA PA  
Address: 2136 NE 123rd St  
North Miami, FL 33181

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Stephen Korn  
Address: 2136 NE 123rd St  
North Miami, FL 33181

**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.)

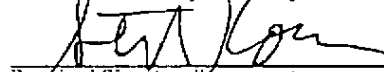
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/07/2020  
\_\_\_\_\_  
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

10/07/2020  
\_\_\_\_\_  
Date