P20000082669

	(Requestor's Name)
	(Address)
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PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

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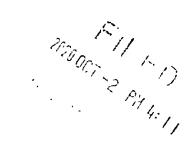
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COVER LETTER

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



SUBJECT:	YMachado Global Corp.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	□ \$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
		L	·

FROM:

Name (Printed or typed)

6485 West 24th Avenue, 104

Address

Hialeah, FL 33016

City, State & Zip

786-246-1722

Daytime Telephone number

yordany10@yahoo.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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the someon	YMachado Global C	orp.		
The name of the corpora	tion shall be:			<u> </u>
	<u>CIPAL OFFICE</u> Principal <u>street</u> address		Mailing address, if dif	ferent is:
6485 West 24th Avenue,	104, Hialeah, FL 33016			
	1311 - 131			
<u></u>				
ARTICLE III PURPO	OSE	audul hucinose		
the purpose for which t	he corporation is organized is: any and all la	WIGI DUSINGS		
				1620
				3 11
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	2
			·	 -
				<u> </u>
		,,,,,,,, .		
				
	a: Yordany Machado - President	Name and Title	Olga L. Machado - Ex	ecutive Director
	6485 West 24th Avenue, 104, Hialeah, FL 33016		6485 West 24th Avenue	
Address	one was a second	_ Address:		
		_		
Name and Title	Rene Machado - Vice President	_ Name and Title	· ·	
Address	6485 West 24th Avenue, 104, Hialeah, FL 33016			
Address		_ 1144.005.		
		_		
				
Name and Title	-	_ Name and Title	:	
Address		Address		
Audiess				
				
		_		

Name and	d Title:	Name and Title:
Address		Address:
		
	REGISTERED AGENT	'the resistand equation
Name:	orida street address (P.O. Box NOT acceptable) of Yordany Machado	the registered agent is:
Address:	6485 West 24th Avenue, 104, Hialeah, FL 33016	-
		-
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Yordany Machado	-
Address:	6485 West 24th Avenue, 104, Hialeah, FL 33016	-
		-
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective d	ate is listed, the date must be specific and cannot	t be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be li
		or the above stated corporation at the place designate
	amiliar with and accept the appointment as register	
	Required Signature/Registered Agent	9/29/2020
	()	Date
	ument and affirm\that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submit y as provided for in s.817.155, F.S.
	I 0 . A	