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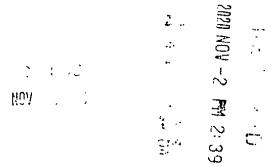
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CAPITAL CONNECTION, INC.

17 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 350) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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A CONSTRUCTION S	SERVICES INC.		
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		Art of Inc. File	
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		Dissolution / Withdrawal	
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## **COVER LETTER**

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

SUBJECT: YKA	A CONSTRUCTION SERVIC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
<b>5</b> 1 1 · · ·	' 1 1 (1) (1)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00	<b>⊠</b> \$78.75	□ \$78.75	☐ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	DPY REQUIRED
	NATUDODY LOZANO		
FROM:	NAHIROBY LOZANO	e (Printed or typed)	
	INIIII	e (Printed or typed)	
	1436 WEST 49TH STREET	Γ	
<del></del>		Address	<del></del>
	HIALEAH, FL 33012		
	City	. State & Zip	<del></del>
	305-982-8281		<del> </del>
	Daytime	Telephone number	
	NATHDODV (AND TA VC)	MICHIETA NET COM	
-	NAHIROBY@NLTAXCO E-mail address: (to be use	od 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)

ARTICLE I NAME  The name of the corporation	n shall be: YKA CONSTRUCTION	SERVICES INC.			
ARTICLE II PRINCIP	PAL OFFICE incipal street address	Mailing address,	if different	t is:	
ARTICLE III PURPOS. The purpose for which the	<u>E</u> corporation is organized is: <u>ANY AN</u>	D ALL LAWFUL BUSINES	SS		
				2020 NOV	**** [ ]
ARTICLE IV SHARES The number of shares of sto  ARTICLE V INITIAL		<del></del>		-2 PH 12: 1	The state of the s
Name and Title:_	IREN FERNANDEZ ARADO	Name and Title: PRESIDENT	Γ	<b></b>	
Address	2769 SW 31ST AVE	Address:			
_	MIAMI, FL 33133		<u> </u>		
Name and Title:		Name and Title:			
Address					
No. of The					
	<del></del>				
Address					
_		<u> </u>			

Name an	d Title:	Name and Title:
Address		Address:
		_
	REGISTERED AGENT	
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
	IREN FERNANDEZ ARADO	_
Address:	2769 SW 31ST AVE	_
	MIAMI, FL 33133	<del>-</del>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name</u> and ad	Idress of the Incorporator is:	
Name:	IREN FERNANDEZ ARADO	_
Address:	2769 SW 31ST AVE	_
	MIAMI, FL 33133	_
	EFFECTIVE DATE: other than the date of filing: 10/30/2020	(OPPIONAL)
(If an effective d filing.)	ate is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applicable	e statutory filing requirements, this date will not be liste
the document's ef	fective date on the Department of State's records	
Having been nam certificate, I am fo	ed as registered agent to accept service of process j amiliar with and accept the appointment as registe	for the above stated corporation at the place designated ared agent and agree to act in this capacity
	Iren Fernandez-Arado	10/30/2020
	Required Signature/Registered Agent	Date
I submit this doci document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted by as provided for in s.817.155, F.S.
	Iren fernandez Arado	10/30/2020