

1/21/2021

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4

Division of Corporations

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 : LAMADRID FINANCIAL SERVICES CORP
Account Number : 12020000059
Phone : (954)727-9771
Fax Number : (954)727-9773

2021 JAN 21 PM 2:47

2021 JAN 21 PM 4:01

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

Email Address: diana@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE INC**

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

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE INC
Name (Printed or typed)

202 RIVIERA CIRCLE
Address

WESTON, FL 33326
City, State & Zip

954-305-4850
Daytime Telephone number

yohan_albarello@hotmail.com
E-mail address: (to be used for future annual report notification)

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

2021 JAN 21 PM 4:01

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: YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

202 RIVIERA CIRCLE
WESTON, FL 33326

Mailing address, if different is:

202 RIVIERA CIRCLE
WESTON, FL 33326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOHAN ALBARELLO

Name and Title: VICE PRESIDENT

Address: 202 RIVIERA CIRCLE
WESTON, FL 33326

Address: _____

Name and Title: EILEEN QUINTERO

Name and Title: VICE PRESIDENT

Address: 202 RIVIERA CIRCLE
WESTON, FL 33326

Address: _____

Name and Title: HENRY A VELASQUEZ

Name and Title: PRESIDENT

Address: 3224 KLAYS CT
ROYAL PALM BEACH, FL 33411

Address: _____

2021 JAN 21 PM 4:00

| | |
|-----------------------|-----------------------|
| 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: LAMADRID FINANCIAL SERVICES CORP
Address: 1265 S PINE ISLAND RD
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YOHAN ALBARELLO
Address: 202 RIVIERA CIRCLE
WESTON, FL 33326

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STATE
FILE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/21/2021 (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

| | |
|-------------------------------------|-------------------|
| <u>ALEXIS LAMADRID</u> | <u>01/21/2021</u> |
| Required Signature/Registered Agent | 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.

| | |
|---------------------------------|-------------------|
| <u>YOHAN ALBARELLO</u> | <u>01/21/2021</u> |
| Required Signature/Incorporator | Date |