# Pal MM98all

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
is.		





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02/08/21--01032--005 \*\*78.75

2021 FEB -8 PM 2: U SEGRETARY OF STATIALLAHASSEE, FI

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FROM:

MARIA E MENDIOROZ 1521 NW 36<sup>TH</sup> AVE MIAMI, FL 33125 954-839-5893

TALLAHASSEE, FL 32314

RE:

REVOKING RIGHTS TO DOCUMENT #P18000092305 AND FILING NEW CORPORATION

WITH SAME NAME

NEW FILING SECTION, DIVISION OF CORPORATIONS;

Please be advised that we will not use the previous State document #P18000092305 and revoke the rights to the aforementioned State document #.

We are submitting a new application for a new corporation and State document # using the same name of VARIEDADES YULISMARY, CORP.

Please accept the attached articles of incorporation and fees of \$78.75.

If you have any questions, please feel free to contact me.

Sincerely,

Maria e mendioroz

President

## **COVER LETTER**

Department of State

New Filing Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

VARIEDADES YULISMARY, CORP		
POSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u> )		
(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 CO	

FROM: _	MARIA E MENDIOROZ
rkowi	Name (Printed or typed)
	1521 NW 36TH AVE
_	Address
	MIAMI, FL 33125
	City, State & Zip
	954-839-5893
_	Daytime Telephone number
	ajulissaflores6@gmail.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).

TICLE III PURPOSE purpose for which the corporation is organized is:  ANY LAWFUL BUSINESS  FICLE IV SHARES number of shares of stock is: 1,000	FICLE I NAME	on shall has VARIEDADES Y	ULISMARY, CORP.	الما من اليا
PICLE III PURPOSE purpose for which the corporation is organized is: _ANY LAWFUL BUSINESS  PICLE IV _SHARES number of shares of stock is: _1,000  PICLE V _INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: _MARIA E MENDIOROZ, PRESIDENT	TICLE II PRINCI	IPAL OFFICE		021 FEB -8 PM 2: 46
Address       Address:         MIAM, FL 33125       Name and Title:         Name and Title:       Name and Title:         Address:       Address:         Name and Title:       Name and Title:		SE		[ [ ] ] Box Sc
Name and Title: Name and Title				
Name and Title: Name and Title				
Address         1521 NW 36TH AVE         Address:           MIAM, FL 33125         Name and Title:         Name and Title:           Address         Address:           Name and Title:         Name and Title:	number of shares of s	Rock 18:1,000 L. OFFICERS AND/OR DIRECT		
Name and Title:  Address  Address:  Name and Title:  Name and Title:  Name and Title:		4524 NIN 25TU AVE	· -	
Address:  Address:  Name and Title:  Name and Title:		MIAM, FL 33125		
Name and Title:Name and Title:	Name and Title:		Name and Title:	
	Address		Address:	
Address:Address:	Name and Title:		Name and Title:	
	Address		Address:	

Name and	Title:	Name and Title:	
Address		Address:	
		<del></del>	
The name and Flor	E <u>GISTERED AGENT</u> <u>rida street address</u> (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	MARIA E MENDIOROZ		
Address:	1521 NW 36TH AVE	<del></del>	
-	MIAMI, FL 33125	<u></u>	
ARTICLE VII - L	NCORPORATOR		
	ress of the Incorporator is:		
Name:	MARIA E MENDIOROZ		
Address:	1521 NW 36TH AVE		
	MIAMI, FL 33125		
.ORTICLE VIII - F	:FFECTI <u>VE</u> DATE:		
Effective date, if or	her than the date of filing:	(OPTIONAL)	
(II an effective dat filing.)	te is listed, the date must be specific and ca	nnot be more than live days p	rior or 90 days after the
	nserted in this block does not meet the applicated the date on the Department of State's record		s, this date will not be listed as
	d as registered agent to accept service of proce niliar with and accept the appointment as regi		
Maria	Mondiory		02/02/2021
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein partment of State constitutes a third degree fo		
Masso	Mendion		02/02/2021
Required Signature	/Incorporator	Di	ate
	U		

# **COVER LETTER**

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

SUBJECT:	ARIEDADES YULISMAR	•	
	(PROPOSED CORPORA	VTE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	lacheck for:
□ \$70.00 Filing Fee	_ 4/0//3	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: _	MARIA E MENDIOROZ		
	Nam	e (Printed or typed)	
	1521 NW 36TH AVE		
		Address	<del> </del>
_	MIAMI, FL 33125		
	City	. State & Zip	
	954-839-5893		
	Daytime 1	felephone number	<del></del>
	ajulissaflores6@gmail.com		
_	E-mail address: (to be use	d for future annual report i	notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, FIST (FIGURE)

ICLE II — BBINGG	OH OFFICE	2021 FEB -8 PM 2: 46
<u>PRINCIF</u> NW 36TH AVE	incipal street address	SECRETARY MUTISTATE, if different is TALLAHASSEE, EL
MI, FL 33125		TAECKHASSEE, EL
	-	
ICLE III PURPOS, purpose for which the	$E = \frac{E}{\text{corporation is organized is: } ANY LAY}$	WFIII BIISINESS
•	organized is.	W OL BOOMESS
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MCLEH/ charce		
TCLE IV SHARES		
number of shares of sto	ock is: 1,000	
number of shares of sto	ck is: 1,000	<del></del>
number of shares of sto	OFFICERS AND/OR DIRECTORS	
number of shares of sto	OFFICERS AND/OR DIRECTORS	Name and Title:
number of shares of sto	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE	_ Name and Title:
Name and Title:	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE	
Name and Title:	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE	
Name and Title:	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE	
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:  Name and Title:
Name and Title:  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:  Name and Title:  Address:
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:
Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Name and Title:
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Address:  Name and Title:  Address:  Name and Title:
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  MARIA E MENDIOROZ, PRESIDENT  1521 NW 36TH AVE  MIAM, FL 33125	Name and Title:

Name and Ti	tle:	Name and Title:	- 18
Address		Addronn	
ARTICLE VI REC	TISTERED AGENT  la street address (P.O. Box NOT accept	able) of the registered arous in	
Name:	MARIA E MENDIOROZ	able) of the registered agent is.	
Address:	1521 NW 36TH AVE		
_	MIAMI, FL 33125		
<u>ARTICLE VII - INC</u>	<u>CORPORATOR</u>		
The <u>name and addre</u>	ess of the Incorporator is:		
Name:	MARIA E MENDIOROZ		
Address:	1521 NW 36TH AVE		
	MIAMI, FL 33125	<del></del>	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	er than the date of filing:	(OPTIONAL) I cannot be more than five days prior	or 90 days after the
Note: If the date inst the document's effect	erted in this block does not meet the app tive date on the Department of State's r	olicable statutory filing requirements, the	is date will not be listed as
Having been named certificate, I am fami	as registered agent to accept service of p liar with and accept the appointment as	rocess for the above stated corporation a registered agent and agree to act in this	t the place designated in this capacity
- 1/1/BMa	Required Signature/Registered Ag		02/02/2021
I submit this documedocument to the Dep	ent and affirm that the facts stated her	ein are true. I am aware that the false we felony as provided for in s.817.155, F.	Date information submitted in a S.
Required Signature/	MCOTPOTATOF		02/02/2021
quita organization	most potator	Date	