

P210000198211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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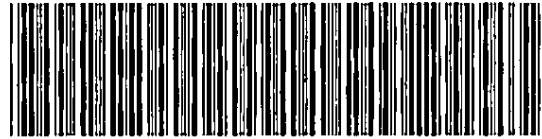
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

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2021 FEB -8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FL

C

AB

TO: DEPARTMENT OF STATE
NEW FILING SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FROM: MARIA E MENDIOROZ
1521 NW 36TH AVE
MIAMI, FL 33125
954-839-5893

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

SUBJECT: VARIEDADES YULISMARY, CORP

(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: MARIA E MENDIOROZ

Name (Printed or typed)

1521 NW 36TH AVE

Address

MIAMI, FL 33125

City, State & Zip

954-839-5893

Daytime Telephone number

ajulissaflares6@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)

ARTICLE I NAME

The name of the corporation shall be:

VARIEDADES YULISMARY, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1521 NW 36TH AVE
MIAMI, FL 33125

mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA E MENDIOROZ, PRESIDENT

Name and Title: _____

Address 1521 NW 36TH AVE

Address: _____

MIAMI, FL 33125

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: MARIA E MENDIOROZ

Address: 1521 NW 36TH AVE

MIAMI, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA E MENDIOROZ

Address: 1521 NW 36TH AVE

MIAMI, FL 33125

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.

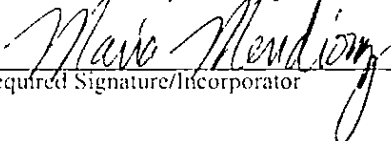
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/02/2021

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

02/02/2021

Date

COVER LETTER

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

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& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **MARIA E MENDIOROZ**

Name (Printed or typed)

1521 NW 36TH AVE

Address

MIAMI, FL 33125

City, State & Zip

954-839-5893

Daytime Telephone number

ajulissaflares6@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. (For Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: VARIEDADES YULISMARY, CORP

2021 FEB -8 PM 2:46

ARTICLE II PRINCIPAL OFFICE

Principal street address
1521 NW 36TH AVE
MIAMI, FL 33125

SECRETARY OF STATE, if different is:
SAME
TALLAHASSEE, FL

ARTICLE III PURPOSE

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

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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: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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Address: 1521 NW 36TH AVE
MIAMI, FL 33125

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Maria Mendioroz 02/02/2021
Required Signature/Registered Agent Date

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Maria Mendioroz 02/02/2021
Required Signature/Incorporator Date