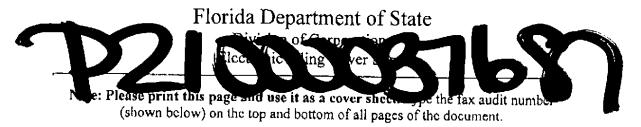
4/26/2021

Division of Corporations



(((H210001656913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

Phone Fax Number : (800)906-9220 : (800)906-9880

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

Email A	ddress:
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## FLORIDA PROFIT/NON PROFIT CORPORATION YDE ROSE INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

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## **COVER LETTER**

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

SUBJECT: YDE ROSE INC  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			UDE 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	

FROM:	STEVEN WEISS, ALLSTATE CORPORATE SERVICES CORP		
	Name (Printed or typed)		
	2215 Hendrickson Street, Suite 1		
	Address		
	Brooklyn, NY 11234		
	City, State & Zip		
	800-906-9220		
,	Daytime Telephone number		
	FILING@ACS123.COM		
-	E-mail address: (to be used for future annual report notification)		

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

(((H21000165691 3)))

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: YDE ROSE INC	
Principal <u>Street</u> address	Mailing address, if different is:
1731 Swamp Rose Lane, Trinity, FL 34655	1731 Swamp Rose Lane, Trinity, FL 3465
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	LAWFUL PURPOSES
	***************************************
	***
he number of shares of stock is: 200  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Joseph Eber, President	· <del>-</del>
Address 1731 Swamp Rose Lane	Name and Title:
Trinity, FL 34655	Address:
1	
Name and Title:	Name and Title:
Address	Address:
	Address:
Address	Address:
	Address:  Name and Title:
	Address:

	d Title: Name and	Title:
Addres	Address:	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT	
The <u>name and E</u>	lorida street address (P.O. Box NOT acceptable) of the registere	ed agent is:
Name:	Registered Agent Solutions, Inc.	
Address:	155 Office Plaza Dr. Suite A	
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	STEVEN WEISS	
Address:	2215 Hendrickson Street, Suite 1	
	Brooklyn, NY 11234	
	<u>EFFECTIVE DATE:</u>	
ARTICLE VIII	other than the date of filing:	(OPTIONAL)
Effective date, if	late is listed, the date must be specific and connet be more th	nan five days prior or 90 days after the
Effective date, if	late is listed, the date must be specific and cannot be more th	
Effective date, if (If an effective of filing.)  Note: If the date	late is listed, the date must be specific and cannot be more the inserted in this block does not meet the applicable statutory file.	ing requirements, this date will not be listed
Effective date, if (If an effective of filing.)  Note: If the date	late is listed, the date must be specific and cannot be more the inserted in this block does not meet the applicable statutory fill frective date on the Department of State's records.	ing requirements, this date will not be listed t
Effective date, if (If an effective of filing.)  Note: If the date the document's e	late is listed, the date must be specific and cannot be more the inserted in this block does not meet the applicable statutory fill frective date on the Department of State's records.	
Effective date, if (If an effective of filing.)  Note: If the date the document's e  Ilaving been nan certificate, I am f	inserted in this block does not meet the applicable statutory fill feetive date on the Department of State's records.  The description of the date of the above samiliar with and accept the appointment as registered agent and accept the appointment as registered agent and	Stated cornoration at the place decimated in a
Effective date, if (If an effective of filing.)  Note: If the date the document's e  Ilaving been nan certificate, I am f	inserted in this block does not meet the applicable statutory fill feetive date on the Department of State's records.  The description of the date of the above samiliar with and accept the appointment as registered agent and accept the appointment as registered agent and	Stated cornoration at the place declarated in
Effective date, if (If an effective of filing.)  Note: If the date the document's e  Ilaving been nan certificate, I am f	inserted in this block does not meet the applicable statutory fili feetive date on the Department of State's records.	stated corporation at the place designated in t I agree to act in this capacity
Effective date, if (If an effective of filing.)  Note: If the date the document's ellaving been name certificate, I am f	inserted in this block does not meet the applicable statutory fill fiective date on the Department of State's records.  The description of the department of State's records.  The description of the department of the applicable statutory fill fiective date on the Department of State's records.  The department of State's records.  The department as registered agent and the department as registered agent and the facts stated herein are true. I am a cument and affirm that the facts stated herein are true.	stated corporation at the place designated in a lagree to act in this capacity  4/26/2021  Date
Effective date, if (If an effective of filing.)  Note: If the date the document's ellaving been name certificate, I am f	inserted in this block does not meet the applicable statutory fill firetive date on the Department of State's records.  The date of the accept service of process for the above samiliar with and accept the appointment as registered agent and the Assistant Secretary  Required Signature/Registered Agent	stated corporation at the place designated in a lagree to act in this capacity  4/26/2021  Date

Date