

om: 21000059661  
5/1/21 Division Corporations  
6-24/2 1135 552 P.O. 1/003

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : S&S ACCOUNTING SERVICES, INC.  
Account Number : I20190000091  
Phone : (786)212-0491  
Fax Number : (305)454-6657

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ANYELI PROFESSIONAL SERVICES, IMC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

21 JUN 26 PM 11:07  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 JUN 24 PM 4:04

From:

06/24/2021 14:53

#652 P.002/003

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: ANYELI PROFESSIONAL SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3010 GIULIANO AVE LAKE WORTH, FL 33461

Mailing address, if different is:

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YENI CONSUEGRA , P

Name and Title: \_\_\_\_\_

Address 3010 GIULIANO AVE

Address: \_\_\_\_\_

LAKE WORTH, FL 33461

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

From:

06/24/2021 14:54

#652 P.003/003

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: YENI CONSUEGRA  
Address: 3010 GIULIANO AVE  
LAKE WORTH, FL 33461

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

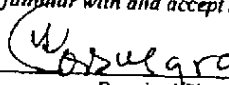
Name: S&S ACCOUNTING SERVICES, INC.  
Address: 3383 NW 7 ST SUITE 304  
MIAMI, FL 33125

**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.)

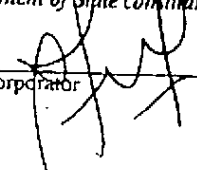
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

04/15/2021  
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

04/15/2021  
Date