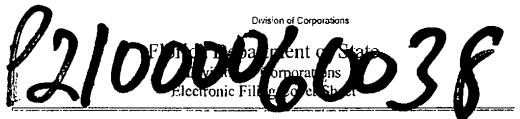
6/17/2021



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KML MULTISERVICES CORP

Account Number : I20200000044

Phone

Fax Number

(786)537-3766 : (305)402-3837

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

Email Address: KMLMULTISERVICESCORP@GMAIL.COM

## FLORIDA PROFIT/NON PROFIT CORPORATION YEIFASHIONWEAR CORP

UN 2 8 2021

T. SCOTT

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## **COVER LETTER**

(((H21000239674 3)))

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

SUBJECT:	IECT: YEIFASHIONWEAR CORP				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX					
Enclosed are an orig	inal and one (I) copy of the art	icles of incorporation and	d a check for:		
☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
FROM:	YEIFASHIONWEA Nam	AR CORP e (Printed or typed)			
		JRE DR APT 906 Address			
	NORTH BAY VII	LLAGE FL 33141 State & Zíp			
	(305) 680-7352				
	KMLMULTISERV	Telephone number TICESCORP@GMAIL.CO			
	E-mail address: (to be use				

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

Page: 3 of 4

(((H210002396743)))

## ARTICLES OF INCORPORATION

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

ne of the corporation	AL OFFICE		
<u>ILE II PRINCIP</u> Pri	AL OFFICE incipal street address	Mailing address, if different is:	
525 E TREASURE I	DR APT 906		
NORTH BAY VILL			
CLE III PURPOSI	6		
rpose for which the	corporation is organized is:	ALL LAWFUL BUSINESS	<del></del> .
<u>.</u>			
CLE IV SHARES of sto	ck is: 100		
imber of shares of sto	OFFICER'S AND/OR DIRECTORS	Name and Title:	
mber of shares of sto	OFFICER'S AND/OR DIRECTORS	Name and Title:  Address:	
mber of shares of sto  CLE V INITIAL  Name and Title:	OFFICER'S AND/OR DIRECTORS  YEILY JIMENEZ SANCHEZ (P)		
mber of shares of sto  CLE V INITIAL  Name and Title:	OFFICER'S AND/OR DIRECTORS YEILY JIMENEZ SANCHEZ (P) 7525 E TREASURE DR APT 906		
mber of shares of sto  CLE V INITIAL  Name and Title:  Address	OFFICER'S AND/OR DIRECTORS YEILY JIMENEZ SANCHEZ (P) 7525 E TREASURE DR APT 906 NORTH BAY VILLAGE FL 33141	Address:	
mber of shares of sto  CLE V INITIAL  Name and Title:  Address	OFFICER'S AND/OR DIRECTORS YEILY JIMENEZ SANCHEZ (P) 7525 E TREASURE DR APT 906 NORTH BAY VILLAGE FL 33141	Name and Title:	
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Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	OFFICER'S AND/OR DIRECTORS YEILY JIMENEZ SANCHEZ (P) 7525 E TREASURE DR APT 906 NORTH BAY VILLAGE FL 33141	Address:  Name and Title:  Address:  Name and Title:	2121 JUN 25
miber of shares of sto  CLE V INITIAL  Name and Title:  Address  Name and Title:  Address  Address	OFFICERS AND/OR DIRECTORS YEILY JIMENEZ SANCHEZ (P) 7525 E TREASURE DR APT 906 NORTH BAY VILLAGE FL 33141	Name and Title:  Address:  Name and Title:	282 JUS

To: 18506176381

			(((H21000239674 3)))
Name and	Title:	Name and Title:	
Address		Address:	
	<u> </u>		
4 D T 1 C 1 E 1 7 1 B	ECICTEBEN ACEUT		
	PEGISTERED AGENT prida street address (P.O. Box NOT acceptable	) of the registered agent is:	
Name:	KML MULTISERVICES CORP	<u></u>	
Address:	8249 NW 36TH ST SUITE 212		
	DORAL FL 33166		
ARTICLE VII I	NCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	YEILY JIMENEZ SANCHEZ		
Address:	7525 E TREASURE DR APT 906	. <u></u>	
	NORTH BAY VILLAGE FL 33141		
ARTICLE VIII	EFFECTIVE DATE:	(ADTION)	AT.)
(If an effective date, if of filling.)	other than the date of filing:ate is listed, the date must be specific and car	nnot be more than five day	rs prior or 90 days after the
	inserted in this block does not meet the applica Tective date on the Department of State's recor		ents, this date will not be listed as
Having been nam certificate, I am fa	ed as registered agent to accept service of proce amiliar with and accept the appointment as regi	ss for the above stated corpor stered agent and agree to ac	ration at the place designated in thi t in this capacity
	Katherine Caicedo		08/25/2021
	Required Signuture/Registered Agent		Date
I submit this doct document to the I	ument and affirm that the facts stated herein i Department of State constitutes a third degree fe	are true. I am aware that th lony as provided for in s.817	ne false information submitted in . 1.155, F.S.
Required Signatu	YALGOAMWZ SAN	KHZ	Date 06/25/2021