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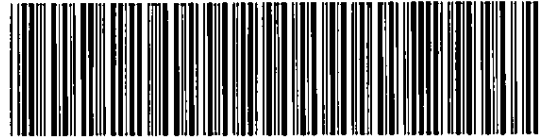
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**DATE: 7/13/2021**

**NAME: JEFF YALDEN CORP**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2021

FLORIDA FILING & SEARCH SERVICES

SUBJECT: JEFF YALDEN CORP  
Ref. Number: W21000100431

We have received your document for JEFF YALDEN CORP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II Supervisor

Letter Number: 821A00016182

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DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

Please KEEP original file  
date.

Thank you!

FILED

ARTICLES OF INCORPORATION

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

2021 JUL 16 AM 9:28

**ARTICLE I NAME**

The name of the corporation shall be: JEFF YALDEN CORP

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4460 HODGES BLVD, APT 1011

4460 HODGES BLVD, APT 1011

JACKSONVILLE, FL 32224

JACKSONVILLE, FL 32224

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SPEAKER

To engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 200 NPV

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

Name and Title: JEFFREY YALDEN, President

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

Address 4460 HODGES BLVD, APT 1011

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

JACKSONVILLE, FL 32224

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: JEFFREY YALDEN  
Address: 4460 HODGES BLVD, APT 1011  
JACKSONVILLE, FL 32224

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2021 JUL 16 AM 9:28  
REGISTRATION STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JEFFREY YALDEN  
Address: 4460 HODGES BLVD, APT 1011  
JACKSONVILLE, FL 32224

**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 business days prior or 90 business 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*

X Jeff Yalden 7/15/21  
Required Signature/Registered Agent 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.*

X Jeff Yalden 7/15/21  
Required Signature/Incorporator Date