

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

P210002969303



H210002969303ABC%

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FILED
2021 AUG -5 PM 12:17

FLORIDA PROFIT/NON PROFIT CORPORATION
YUNIO SERVICES INC

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

2021 AUG -5 PM 4:33

AUG 06 2021

T. SCOTT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

YUNIO SERVICES INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

750 NW 43rd St Miami FL 33126
APT #312

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yuniesky Almaguer Corzo (P)

FILED IN 9/11/18

2018 AUG -5 PM 12:18

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

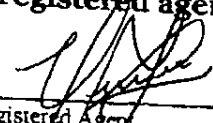
Yuniesky Almaguer Corzo
750 NW 43rd St Miami FL 33126
Apt #312

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yuniesky Almaguer Corzo
750 NW 43rd St Miami FL 33126
Apt #312

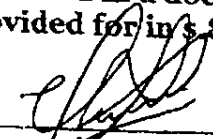
Required Signatures:

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



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 § 817.155, F.S.



Incorporator _____ Date