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**INSTRUCTIONS:** 

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## **COVER LETTER**

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

SUBJECT: Y	W Service a	and More	corp.
•	(PROPOSED CORPORA	TE NAME – <u>MÜST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Yanios I	De gado (Printed oxyped)	
	165 W 3	ddress ·	<del></del>
<del></del> .	thaleah ciry,		012
	(305) 2(e) Daytime Te	7-8813 lephone number	
	Besthensen E-mail address: (to be used	/ICESINCE for future annual report no	Damail-com

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

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

The name of the corporation	on shall be: YDN SerV	10e and	om b	re Co	014	2.
ARTICLE II PRINCI	PAL OFFICE Principal street address	Mailin	g address, if dif	ferent is:		
thaleah.	37 St. FL 33012					
· :/	SE e corporation is organized is:	ful busi				nda
				SECRE	2021 SEF	<i>.</i>
ARTICLE IV SHARE The number of shares of s	tock is: / O O	pres.		AHASSEE, FL	P 10 AM11: 05	
Name and Title:  Address	Janios Delgad	OName and Title: Address:		' H		
Name and Title:_ Address		Name and Title: Address:				
Name and Title:_ Address						
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Name and Title	;	Name and Title:	
Address		Address:	
ARTICLE VI REGIS	STERED AGENT		
. 1.	street address (P.O. Box NOT	acceptable) of the registered agent is:	
Name:	105 DOIC	1440 C+	
Address:	05 10 57	22710	
	JUICUM, 1C	33012	
ARTICLE VII INCO	RPORATOR		
The name and address	of the Incorporator is:		
Name:	Janios De	elgado	
Address:	165 W 37	<u>r St.</u>	
<u>†</u>	tialeah, FC	330[2	
	• •	1 1	
ARTICLE VIII EFFI Effective date, if other t		31/2021 (OPTION	lata
		lic and cannot be more than five da	ys prior or 90 days after the
•	ed in this block does not meet t	the applicable statutory filing requires	manta thia data will as he listed
the document's effective	e date on the Department of St	ate's records.	nents, this date will not be listed
Having been named as i	registered agent to accept servic	e of process for the above stated corpo	ration at the place designated in
certificate, I am familiai	with and accept the appointm	ent as registered agent and agree to ac	et in this capacity
	Required Signature/Register	-	9/9/2021
			Date
I submit this document	and affirm that the facts state	d herein are true. I am aware that t	he false information submitted
document to the Depart	пет ој опис сопошинез и та	i degree jeiony as provided for in 5,81.	/.133, <b>r.s</b> . ,