P21000082926

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.

(((H21000353462 3)))

H21000353462 3ABC-

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 : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727)322-0909
Fax Number : (727)610-8595

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

Email Address: AMOEDAREALTOR@ICLOUD.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
YADDIEL AMOEDA, PA

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

2021 SEP 21 PM 1:35

2021 SEP 21 PM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu Corporate Filing Menu Help

Sep. 21. 2021 12:[illegible]PM No. 3698 P. 2

H21000353403

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: YADDIEL ANOEDA, P.A

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
3313 W Ivy St	SAME
Tampa FL 33607	"

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate as a Florida licensed Real Estate Agent and any other legal business

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares, common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YADDIEL ANOEDA, PST	Name and Title:
Address 3313 W Ivy St Tampa FL 33607	Address:
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

FILED
2021 SEP 21 PM 10:07
SECRETARY OF STATE
TALLAHASSEE, FL

Sep. 21, 2021 12:33PM

H21000353462

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: DAVID C HASTINGS, CPA

Address: 2207 54TH ST S

GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS

Address: 2207 54TH ST S

GULFPORT FL 33707

ARTICLE VIII EFFE TIVE 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

D C Hastings

Required Signature/Registered Agent

9/21/21

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.

D C Hastings

Required Signature/Incorporator

9/21/21

Date

FILED

2021 SEP 21 PM 10:07

SECRETARY OF STATE

TALLAHASSEE, FL

H21000353462