

2/16/22, 10:44 AM

Division of Corporations

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
YORLIS INC

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

22 FEB 16 PM 1:33

ARTICLE I NAMEThe name of the corporation shall be: YORLIS INC**ARTICLE II PRINCIPAL OFFICE**Principal street addressSECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

100 NW 10 STHALLANDALE BEACH, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LISSI GARCIA HERNANDEZ (P)

Name and Title: _____

Address

100 NW 10 ST

Address: _____

HALLANDALE BEACH, FL 33009

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 AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LISSI GARCIA HERNANDEZ
 Address: 100 NW 10 ST
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: LISSI GARCIA HERNANDEZ
 Address: 100 NW 10 ST
HALLANDALE BEACH, FL 33009

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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 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*

/s/ Lissi Garcia Hernandez 02/15/2022
 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.

/s/ Lissi Garcia Hernandez 02/15/2022
 Required Signature/Incorporator Date