

P220000039788Florida Department of State
Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: IT@Lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
YATCH SPECIALTY SERVICES INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED

2022 MAY 23 AM 9:09

CORPORATIONS
COMMERCIAL
SERVICES

2022 MAY 23 PM 2:22

COVER LETTER

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

SUBJECT: YATCH SPECIALTY SERVICES INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JORGE M ARROYAVE

Name (Printed or typed)

9495 EVERGREEN PL APT 106

Address

DAVIE, FL 33324

City, State & Zip

954-439-7803

Daytime Telephone number

JOTIK_85@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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2022 MAY 23 PM 2:22

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

ARTICLE I NAMEThe name of the corporation shall be: YATCH SPECIALTY SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
9495 EVERGREEN PL APT 106
DAVIE, FL 33324

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawfull business**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE M ARROYAVE - PRESIDENT

Name and Title: _____

Address 9495 EVERGREEN PL APT 106

Address: _____

DAVIE, FL 33324

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 MAY 23 PM 8:22

ALDORVILLE, FL

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: Lamadrid Financial Services CorpAddress: 10154 W Flagler StreetMiami, FL 33174**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: JORGE M ARROYAVEAddress: 9495 EVERGREEN PL APT 106DAVIE, FL 33324**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.*

Required Signature/Registered Agent05/20/2022

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.*

Required Signature/Incorporator05/20/2022

Date

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