



Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KML MULTISERVICES CORP
Account Number : I20200000044
Phone : (786)537-3766
Fax Number : (305)402-3837

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

Email Address: kmlmultiservicescorp@gmail.com

FILED
2022 JUL 13 AM 7:50
CLERK AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
YASTUVO CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

T. SCOTT
JUL 14 2022

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CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: YASTUVO CORP**(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JONATHAN X TOLEDO

Name (Printed or typed)

8249 NW 36TH ST SUITE 212

Address

DORAL FLORIDA 33178

City, State & Zip

786-813-7886

Daytime Telephone number

kmlmultiservicescorp@gmail.com

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

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)

ARTICLE I NAMEThe name of the corporation shall be: YASTIVO CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address8249 NW 36TH ST SUITE 212DORAL FLORIDA 33178

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JONATHAN X TOLEDOName and Title: PRESIDENTAddress 8425 NW 41 ST APT 655

Address: _____

DORAL, FL 33166

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: KATHERINE CAICEDO
Address: 8249 NW 36TH ST SUITE 212
DORAL FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JONATHAN X TOLEDO
Address: 8249 NW 36TH ST SUITE 212
DORAL FL 33166

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

KATHERINE CAICEDO

Required Signature/Registered Agent

07/12/2022

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.

JONATHAN X TOLEDO

Required Signature/Incorporator

07/12/2022
Date