

1/6/23, 3:15 PM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4515
Fax Number : (844)773-3487

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

Email Address: yacirag40@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION
YG CARE SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: YG CARE SERVICES INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

22280 SW 125TH AVEMIAMI FL 33170ARTICLE III PURPOSEThe purpose for which the corporation is organized is: 'ANY AND ALL LAWFUL BUSINESS'ARTICLE IV SHARESThe number of shares of stock is: 500ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: YADIRA GONZALEZ CASTILLO/PRESIDENT Name and Title: _____Address: 22280 SW 125TH AVE Address: _____MIAMI FL 33170

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: YADIRA GONZALEZ CASTILLOAddress: 22280 SW 125TH AVEMIAMI FL 33170ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: YADIRA GONZALEZ CASTILLOAddress: 22280 SW 125TH AVEMIAMI FL 33170ARTICLE 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

X

Yadira Gonzalez Castillo

Required Signature/Registered Agent

01/06/2023

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.

X

Yadira Gonzalez Castillo

Required Signature/Incorporator

01/06/2023

Date

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