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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
YJ TRADING GROUP INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

m.a.

ALLAHASSI, FLORIDA

2013 APR -5 AM 2:48

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: YJ TRADING GROUP 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: MOHAMMAD A HUSSEIN

Name (Printed or typed)

17452 SW 104 AVE UNIT # B

Address

MIAMI, FL 33157

City, State & Zip

305-448-9584

Daytime Telephone number

JABBOURANDASSOCIATES@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: YJ TRADING GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

17452 SW 104 AVEUNIT # BMIAMI, FL 33157**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CONVENIENCE STORE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HUSSEIN, MOHAMMAD A (PD) Name and Title: _____Address 17452 SW 104 AVE UNIT # B Address: _____MIAMI, FL 33157

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 AGENT

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

Name: HUSSEIN, MOHAMMAD A
Address: 17452 SW 104 AVE UNIT # B
MIAMI, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: HUSSEIN, MOHAMMAD A
Address: 17452 SW 104 AVE UNIT # B
MIAMI, FL 33157

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

Hussein

Required Signature/Registered Agent

04/05/2023

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.

Hussein

Required Signature/Incorporator

04/05/2023

Date

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FILED
TALLAHASSEE, FL ORIN