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COVER LETTER

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

SUBJECT: HATTA ROLL FSTOTE 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

₩\$\$7.50

Filing Fee

Filing Fee,

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Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: _

Name (Printed or typed)

Address

. "

City, State & Zip

229- 959-8221

Prystalyana 87 G amail

-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 1 NAM. The name of the corpor		Ybarra	Kesl	Estate	Inc	
ARTICLE II PRIN 1040 I Maple	CIPAL OFFICE Principal struct ad	Idress		Mailing address, i	f different is:	- -
ARTICLE III PURI The purpose for which GNC Ba	the corporation is o	organized is:h.g.		<i># / / / /</i>	yrs of 13	_ <u>u.1</u> 2 S4p _ _
ARTICLE IV SHAL The number of shares of ARTICLE V INITA Name and Tie	of stock is:/_(,		itle:		
Address	1040 g	215+ 5+050 F-1 3411	Address:			
Name and Titl Address		Anil Toll 215+ St SU Fl 3411		itle:		
Name and Titi Address	" VP /4 1040 2 Maple	ng Miniz	Name and T Address:	itle:	G. W.	2 df clair
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>⟨</u> ⟩ `

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) Name: Angle Jolee Address: 23 84 50th Jerus Address: 4400 Florida 34110	 r-5W
ARTICLE VII INCORPORATOR	
Name: Sames R Newton Address: 1040 21st St SW Apple F1 34.117	<u></u>
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and car filing.)	1 – 2023. (OPTIONAL) anot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the application the document's effective date on the Department of State's reconstruction.	ble statutory filing requirements, this date will not be listed as ds.
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered. Carry Carry	es for the above stated corporation at the place designated in this stered agent and agree to act in this capacity Date
I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fe. Required Signature Incorporator	