

# P2400008508

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H24000043219 3)))



H240000432193ABCZ

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To:

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

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC  
Account Number : I20170000039  
Phone : (407)301-2659  
Fax Number : (407)846-0320

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

Email Address: brenda.mas@aol.com

## FLORIDA PROFIT/NON PROFIT CORPORATION YIREH ENTERPRISES INC

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

2024 FEB 22 AM 8:50

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TALLAHASSEE, FLORIDA

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2/1/24

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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: Vireh Enterprises 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Alondra Amaro  
Name (Printed or typed)  
1015 Keymar Dr Apt 105  
Address  
Davenport, FL 33897  
City, State & Zip  
407 301 2659  
Daytime Telephone number  
brenda.mas@aol.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 NAME**

The name of the corporation shall be: Yireh Enterprises Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

1015 Keymar Dr  
Apt 105  
Davenport, FL 33897

Mailing address, if different is:

1015 Keymar Dr  
Apt 105  
Davenport, FL 33897

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transportation

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alondra Amaro (Pres) Name and Title: \_\_\_\_\_

Address: 1015 Keymar Dr Address: \_\_\_\_\_  
Apt 105  
Davenport, FL 33897

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Alondra Amaro  
 Address: 1015 Keymar Dr Apt 105  
Davenport, FL 33897.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alondra Amaro  
 Address: 1015 Keymar Dr. Apt 105  
Davenport, FL 33897

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/31/2024 (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 Agent 1/31/2024  
 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/Incorporator 1/31/2024  
 Date

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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