

P24000018485
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H24000079062 3)))



H240000790623ABC/

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

From:
 Account Name : GREENLIGHT FINANCIAL LLC
 Account Number : I202400000008
 Phone : (305)860-5970
 Fax Number : (305)440-0786

****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
 THE U FOR YOU CORP**

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

Electronic Filing Menu

Corporate Filing Menu

Help

SECRET
 TALLAHASSEE, FLORIDA
 3/15/24

MAR 14 PM 1:40

FILED

2024 MAR 14 PM 1:40

COVER LETTER

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

SUBJECT: THE U FOR YOU 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Greenlight Financial LLC
Name (Printed or typed)
7480 BIRD RD STE 810
Address
Miami, FL 33155
City, State & Zip
(305) 860-5970
Daytime Telephone number
faquintanilla@greenlightfinancial.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 14 PM 1:40

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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: THE U FOR YOU CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
210 Sea View Dr. Apt. 301

Mailing address, if different is:

Key Biscayne, FL 33149**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: College counseling for international student**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Elsa Maria Sanchez Mattret, President

Name and Title: _____

Address 210 Sea View Dr. Apt. 301

Address: _____

Key Biscayne, FL 33149

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
MAR 11 2024
SECRETARY OF STATE
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: Elsa Maria Sanchez Maitret
 Address: 210 Sea View Dr. Apt 301
Key Biscayne, FL 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elsa Maria Sanchez Maitret
 Address: 210 Sea View Dr. Apt 301
Key Biscayne, FL 33149


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

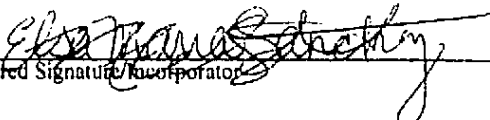
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

<u></u>	<u>03/09/24</u>
Required Signature/Registered Agent	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.

<u></u>	<u>03/09/24</u>
Required Signature/Incorporator	Date

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 TALLAHASSEE, FLORIDA