

P24000066367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

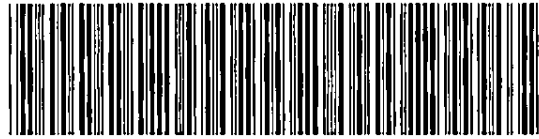
(Document Number)

Certified Copies _____

Certificates of Status _____

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400438281324

2024 OCT 23 PM 2:47

RECEIVED
2024 OCT 28 PM 1:20
FALLS CHURCH, VA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/28/2024

****WALK IN****

ENTITY NAME Four Y Corp.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

2024 OCT 28 11:34 AM

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S. R. H.

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: Four Y Corp.

ARTICLE II - PRINCIPAL OFFICE

Principal street address:

4250 S.W. 84 Avenue
Miami, FL 33155

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is: to engage in any business
permitted under the laws of the State of Florida.

ARTICLE IV - SHARES

The number of shares of stock is: 5,000

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Yleana A. Lopez Carballo, President and Director
4250 S.W. 84 Avenue
Miami, FL 33155

ARTICLE VI - REGISTERED AGENT

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

Name: Address:

CCS Global Solutions, Inc.
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

2024 OCT 28 PM 5:47

ARTICLE VII - INCORPORATOR

The **name and address** of the Incorporator is:

Yleana A. Lopez Carballo
4250 S.W. 84 Avenue
Miami, FL 33155

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 record.

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

CCS Global Solutions, Inc.

By:  Joseph Pope - President 10/28/2024
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.

 Required Signature/Incorporator  Date