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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC

Account Number : I20230000151 : (305)595-2407 Fax Number : (305)595-2408

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

ytwohome inc

Certificate of Status	0
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Help

LL

November 14, 2024

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

Re: YTOHOME INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

YOAN HERNANDEZ

CARLOS RUIZ

Notery Public-State of Florida

Commission # HH 74188

My Commission Expires

December 21, 2024

COVER LETTER

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

YTWOHOME INC

SUBJECT:			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.0 Filing Fe	0 □ \$78.75 ee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	MARIA E RUIZ	ne (Printed or typed)	
	7750 SW 117TH AVE SUITE 203	ic (Timed of Typed)	
		Address	
	MIAMI FLORIDA 33183		
	City	, State & Zip	1
	305 595-2407		
	Daytime	Telephone number	
	MARIAQUIROS9@HOTMAIL.COM		
	E-mail address: (to be use	ed for future annual report r	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 II PRINCIPAL OFFICE Principal street address 1156 SW 6TH CPORT		Mailing address, if different is 5925 SW 117 AVE		
HOMESTEAD, FL	HOMESTEAD, FLORIDA 33034		A 33183	
ARTICLE III PUR The purpose for whic	h the corporation is organized is:			
			,	2
ARTICLE IV SHA	RES 100		<u></u>	Ξl.
The number of shares	RES 100 of stock is:		. ^	بنت ا
<u>ARTICLE V INIT</u>	of stock is: TAL OFFICERS AND/OR DIRECTORS		. 0	2 13 8
<u>ARTICLE V INIT</u>	of stock is: TAL OFFICERS AND/OR DIRECTORS itle: YOAN HERNANDEZ, PRES	Name and Title:	7.7. S. T. T. S. T	
<u>ARTICLE V INIT</u>	TAL OFFICERS AND/OR DIRECTORS Itle: YOAN HERNANDEZ, PRES 5925 SW 117 AVE	Name and Title:	. 0	
ARTICLE V INIT	of stock is: TAL OFFICERS AND/OR DIRECTORS itle: YOAN HERNANDEZ, PRES	Name and Title: Address:	25 FE 30	
ARTICLE V INIT Name and T Address	TAL OFFICERS AND/OR DIRECTORS itle: YOAN HERNANDEZ, PRES 5925 SW 117 AVE MIAMI FLORIDA 33183	Name and Title: Address:	SAINE SAINE	
ARTICLE V INIT Name and T Address	TAL OFFICERS AND/OR DIRECTORS (tle: YOAN HERNANDEZ, PRES 5925 SW 117 AVE MIAMI FLORIDA 33183	Name and Title: Address: Name and Title:	SAINE SAINE	
ARTICLE V INIT Name and T Address Name and Tir	TAL OFFICERS AND/OR DIRECTORS State: YOAN HERNANDEZ, PRES 5925 SW 117 AVE MIAMI FLORIDA 33183	Name and Title: Address: Name and Title: Address:	SAINE SAINE	
ARTICLE V INIT Name and T Address Name and Tin Address	TAL OFFICERS AND/OR DIRECTORS State: YOAN HERNANDEZ, PRES 5925 SW 117 AVE MIAMI FLORIDA 33183	Name and Title: Address: Name and Title: Address:	75 FI 1: U9	

Name and	Title:	Name and Title:		<u> </u>
Address		_ Address:	·	
				
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	f the registered agent is:		
Name:	YOAN HERNANDEZ	the registered agent is.		
Address:	5925 SW 117 AVE	-		
71001001	MIAMI FLORIDA 33183	-		
		_		
ARTICLE VII 1	NCORPORATOR			
The name and add	<u>dress</u> of the incorporator is:			
Name:	YOAN HERNANDEZ	_		
Address:	5925 SW 117 AVE	_		
	MIAMI FLORIDA 33183		21	
		-)24, F	
ARTIÇLE VIII	EFFECTIVE DATE:		2024 NOV 2	
Effective date, if of (If an effective date)	ther than the date of filing: 11/18/2024 the is listed, the date must be specific and cannot	(OPTIONAL) of the more than five days prio		he he
filing.)			TP	1 1
	inserted in this block does not meet the applicable			listed as
the document's of	fective date on the Department of State's records.		근목 ig	
Having been name	ed as registered agent to accept service of process f	or the above stated corporation o	at the place designat	ed in this
certificate, I am fa	miliar with and accept the appointment as register	red agent and agree to act in this	s capacity	
X Jan	4		11/14/2024	
7	Required Signature/Registered Agent		Date	
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon			itted in a
		· · ·	11/14/2024	
Required Signatur	c/Incorporator	Date		<u>!</u>