

5/3/23, 10:40 AM

Division of Corporations

F23000002617

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000165706 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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Email Address: bryano.thompson@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FL

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FOREIGN PROFIT/NONPROFIT CORPORATION

YKE Inc.

Certificate of Status	0
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5/3/23 11:23

YKE Inc.

Fax Audit # H23000165706.3

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1505, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. YKE Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 85-2581085
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/4/2020 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

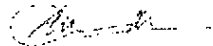
7. 922 North 3rd St, Harrisburg, Pennsylvania 17102
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation in the capacity designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)
Chris Das, AVP, Business Filings Incorporated

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]

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TALLAHASSEE, FL

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A. DIRECTORS

Chairman Name: Bryan Thompson

Vice Chairman Address: _____

Director 922 North 3rd St

President Harrisburg, Pennsylvania 17102

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Jonathan Cole

Vice Chairman Address: _____

Director 2235 Sky High Dr

President Bartonsville, Pennsylvania 18321

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Caitlyn Thompson

Vice Chairman Address: _____

Director 1943 Fulton St,

President Harrisburg, Pennsylvania 17102

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

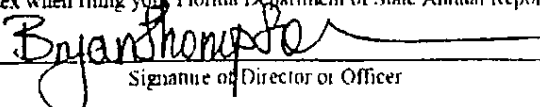
President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Bryan Thompson, President
 (Typed or printed name and capacity of person signing application)

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: YKE Inc.
Request Type: Subsistence Certificate **Issuance Date:** May 03, 2023
Request No.: 014572422 **File No.:** 0007101029
Receipt No.: 000501146
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: August 04, 2020
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

YKE Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed. the day and year above written

Albert Schmidt
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov