

1/21/2021

(FAX TRANSMISSION) To: 18506176381 From: 19547279773 Pages: 4

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : 12020000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

2021 JAN 21 PM 2:47

2021 JAN 21 PM 4:01

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

Email Address: diana@lamadridfinancial.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

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

**SUBJECT:** YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE 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:** YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE INC  
Name (Printed or typed)

202 RIVIERA CIRCLE  
Address

WESTON, FL 33326  
City, State & Zip

954-305-4850  
Daytime Telephone number

yohan\_albarello@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

2021 JAN 21 PM 4:01

**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: YOEL COMMERCIAL AND RESIDENTIAL MAINTENANCE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

202 RIVIERA CIRCLE  
WESTON, FL 33326

Mailing address, if different is:

202 RIVIERA CIRCLE  
WESTON, FL 33326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: YOHAN ALBARELLO

Name and Title: VICE PRESIDENT

Address: 202 RIVIERA CIRCLE  
WESTON, FL 33326

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

Name and Title: EILEEN QUINTERO

Name and Title: VICE PRESIDENT

Address: 202 RIVIERA CIRCLE  
WESTON, FL 33326

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

Name and Title: HENRY A VELASQUEZ

Name and Title: PRESIDENT

Address: 3224 KLAYS CT  
ROYAL PALM BEACH, FL 33411

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

2021 JAN 21 PM 4:00

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: LAMADRID FINANCIAL SERVICES CORP  
Address: 1265 S PINE ISLAND RD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YOHAN ALBARELLO  
Address: 202 RIVIERA CIRCLE  
WESTON, FL 33326

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STATE  
FILE

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/21/2021 (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*

ALEXIS LAMADRID

Required Signature/Registered Agent

01/21/2021

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.*

YOHAN ALBARELLO

Required Signature/Incorporator

01/21/2021

Date