· USCACE 332AC

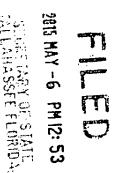
(Requestor's Name)
(Address)
- (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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MAY 1'S 2015 O. BRUCE

COVER LETTER

TO: Registration of Division of	on Section f Corporations		,		
SUBJECT:	Yummi Gum	mi of FL LI	C		
	Name of Lin	nited Liability Company			
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.			
	respondence concerning this m				
	SHERRI LECI	Name of Person			
		Name of Person			
	Yummi Gum	Firm/Company	LC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	104 20th S	TREET Address			
		Address			
	BELLEAIR BE	CACH, FL 3378 City/State and Zip Code ONE @ YAHCO. Code d for future annual report notific	36	rsp	
	0	ity/State and Zip Code	22	=======================================	-
	SHERRI. LECR	ONE@ YAHOO.	ation)	TAN TAN	
	E-mail address: (to be use	o for future annual report notific	U 1 20 2		·
For further informati	on concerning this matter, plea	ase call:	<u></u> — ⊂	< - 2 ¬o	
SHERRI L	ECRONE at (_	612 , 889 - 82 Area Code Daytime Te	36 SEE FLOOR	MIS HAY -6 PM 12: 53	
	for the following amount:			-	
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is end	s &	
	niling Address	Street/Courier Add	<u>ress</u>		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Yumni Gumni (Must end with the words "Limited I	CFFL, LLC Liability Company, "L.L.C.," or "LLC.")	-	
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
BELLEAIR BRACH, FL 33786	BELLEAIR BEACH, FL.	-	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate an indivi		
The name and the Florida street address of the registered a	ا بنائل agent are: المعالم agent are:	3	ernen.
SHERRI LECRI	ONE	YAH	
Name	Some	9-	,
104 20Th ST	E G	PH	
Florida street address (P.O. Box I	© 2,	1.2: H	: pravide
BELLEAIR BEACH City	FL 33786 25 7	53	≯م بنیوا

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	SHEERI LECRONE
AMBR	BELLEAIR BEACH, FL 33786 ARMAND LECRONE 104 ZO+5 ST BELLEAIR BEACH, FL 33786
(Use attachment if necessary)	
fective date is listed, the date must be sp of filing.)	DATE OF e of filing: RECEIPT (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	e of filing: RECEIPT (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: RECEIPT (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day The Ware
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information of the section for the se	e of filing: RECEIPT . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)