

Ud90233968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

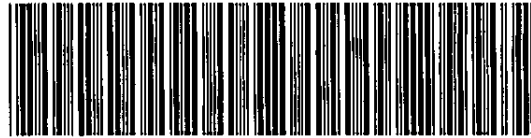
(Business Entity Name)

(Document Number)

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FILED
16 DEC 29 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YEMMY INSURANCE GROUP, LLC.

5711 INDEPENDENCE CIRCLE, SUITE 1 FORT MYERS, FL 33912 (954)636-9466

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


December 26, 2016

Subject: Release of Corporation Name

This is to certify that I am the President of Yemmy Insurance Group, LLC. listed under document No: L15000152491. and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,


Adeyemi Akinade
Manager

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YEMMY INSURANCE GROUP, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adeyemi Akinade
Name of Person

Yemmy Insurance Group, LLC
Firm/Company

5711 Independence Circle, Suite 1
Address

Fort Myers, FL 33912
City/State and Zip Code

yemi@ailll.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Mayungbe 305 974-4745
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check 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 enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

YEMMY INSURANCE GROUP, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5711 Independence Circle, Suite 1
Fort Myers, FL 33912

Same as Above

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Akinade, Adeyemi A
Name

5711 Independence Circle, Suite 1
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FL 33912
City State Zip

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..

Adeyemi Akinade
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Adeyemi Akinade

5711 Independence Circle, Suite 1

Fort Myers, FL 33912

(Use attachment if necessary)

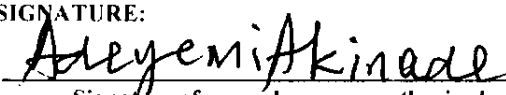
ARTICLE V: Effective date, if other than the date of filing: January 1, 2017 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Adeyemi Akinade

Typed or printed name of signee

Filing Fees:

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