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	ew Filing Section ivision of Corporations
cup leca	LJ YODOCK & ASSOCIATES, LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	DAVID M. GLASSBERG, ESQUIRE
	Name of Person
	LJ YODOCK & ASSOCIATES, LLC
	Firm/Company
	13611 SOUTH DIXIE HIGHWAY, #109-514
	Address
	MIAMI, FL 33176
	City/State and Zip Code GLASSBERGLAW@AOL.COM
	E-mail address: (to be used for future annual report notification)
For further	nformation concerning this matter, please call:
	DAVID M. GLASSBERG 305 669-9535
	Name of Person Area Code Daytime Telephone Number
Enclosed	s a check for the following amount:
\$125.00 F	iling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\int \text{\$S160.00 Filing Fee.}\$\text{\$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

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The name of the Limited Liability Company is:

LJ YODOCK & ASSOCIATES, LLC

(Must contain 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:

13611 SOUTH DIXIE HIGHWAY	13611 SOUTH DIXIE HIGHWAY
#109-514	#109-514
MIAMI, FL 33176	MIAMI, FL 33176

Mailing Address:

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:

Principal Office Address:

DAVID M. GLASS	BERG,ESQUIRE	
	Name	
13611 SOUTH DIX	IE HIGHWAY, #10	9-514
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI.	FL	33176
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILEU

	Title: "AMBR" = Authorized	Name and Address: Member	Name and Address:				
	"MGR" = Manager						
	AMBR, MGR	LEO J. YODOCK	13611 S. DIXIE HIGHWAY, #109-514				
		MIAMI, FL 33176					
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			ED				
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	(Use attachment if nece	ssary)					
ARTIC	LEV: Effective date, if o	ther than the date of filing: (OPTIONAL)					
(If an ef	Tective date is listed, the	date must be specific and cannot be more than five business days prior to or 90 da	ys after				
	of filing.) If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be	مانونونا د				
the doci	ument's effective date on	the Department of State's records.	insted as				
	LE VI: Other provisions,						
		п ану.					
							
	REQUIRED SIGNAT	URE: John Todous					
	Si	ignature of a member or an authorized representative of a member.					
	This do	cument is executed in accordance with section 605,0203 (1) (b). Florida Statutes					
	l am aw	are that any false information submitted in a document to the Department of State at third degree felony as provided for in s.817.155, F.S.					

LEO J. YODOCK

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)