orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: PRIME CORPORATE FILING SERVICES LLC Account Name

Account Number : I20230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

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

Email Address: INFO & Prime filing, Com

FLORIDA LIMITED LIABILITY CO. Y.A.V. PROPERTY INVESTMENT, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC	LE.	ī _ i	Nя	me:

The name of the Limited Liability Company is:

Y.A.V. PROPERTY INVESTMENT, 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:

Principal Office Address:

Mailing Address:

19336 NW 67th PLACE HIALEAH, FL 33015

19336 NW 67th PLACE HIALEAH, FL 33015

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:

DOWNTOWN ACCOUNTING MIAMI

Name

255 E FLAGLER ST, SUITE 101

Florida street address (P.O. Box NOT acceptable)

MIAMI

FLORIDA

33131

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 oil statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of proposition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

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ARTICLE IV-

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	YAMID ANTHERSON VARGAS
	19336 NW 67TH PL HIALEAH, FL 33015
	20
-	2023 JUL 17 PM
	<u></u>
(Use attachment if necessary)	0 3
(It an effective date is listed, the date must be ap- the date of filing.)	of filing: ceific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed of State's records.
ARTICLE VI: Other provisions, if any. THE PURPOSE OF THE COMPANY SHOULD	BE INVESTMENT
REQUIRED SIGNATURE:	The
This document is execut I am aware that any false	amber or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.
YAMID ANTHE	RSON VARGAS Typed or printed name of signee

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