

ACCOUNT NO.: 072100000032 REFERENCE: 213068 7277407 AUTHORIZATION: Patricia Pigut	SECRETARY AND A
COST LIMIT : \$ /25.00	PA STATE
ORDER DATE: July 7, 2001 ORDER TIME: 2:30 PM	,
CUSTOMER NO.)4525331(
CUSTOMER: Ms. Tanisha L. Williams Ms. Tanisha L. Williams 5572 Arnold Palmer Dr #335	DEF DIVIS 2001 SUF
Orlando, FL 32811 <u>DOMESTIC FILING</u>	ARRITENT CORD ARRITENT CORD DF CORD OF ACKNOWN FICIENCY CORD
NAME: YNKISHNI, LLC	PORATIONS PORATIONS PM 3: 59 DED FFILING
EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 1156 EXAMINER'S INITIALS:	

N FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF UKGANIZAT	ON LOK LTOKIDA PHATIED DIVIDIELLI SOLULI
ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
The flame of the Emmod Emonity Comp	55 5 00 m
YNKISHNI, LLC	Fig. 2
ARTICLE II - Address:	المراجعة الم
The mailing address and street address o	f the principal office of the Limited Liability Company is:
	P
5572 ARNOLD PALMER DRIVE, APART	MENT 335, ORLANDO, FLORIDA 32811
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature:
	C.L
The name and the Florida street address	of the registered agent are:
Q ₂	poration Service Company
Cor	Name
	1201 Hays Street
Florida stre	eet address (P.O. Box NOT acceptable)
	ahassee FL 32301
	City, State, and Zip
registered agent and agree to act in this statutes relating to the proper and comp accept the obligations of my position as	d in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S On Service Company Registered Agent's Signature
	Registered Lighter & District
Article IV - Management (Check bo The Limited Liability Company is therefore, a manager - managed compa	to be managed by one manager or more managers and is,
·	must be added if an effective date is requested)
Signature of a memb	er or an authorized representative of a member.
(In accordance with of this document con that the facts stated here.)	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury are true.)
	TAITEA R DITNIAP

Filing Fees:

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

YNKISHNI, LLC

MANAGING MEMBERS LIST



TATANISHA L. WILLIAMS
5572 ARNOLD PALMER DRIVE, #335
ORLANDO, FLORIDA 32811

KISHA D. BOONE 2612 DORA COURT WINTER PARK, FLORIDA 32792

JONI P. SIMMONS 6227 BEAUMONT AVENUE ORLANDO, FLORIDA 32808

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FAX:850 5211010

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Corganization of Ynkishni, LLC (the "LLC"), a Florida limited liability company for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. Articles who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

day of

Signature

Print Name of Signer

WITNESS:

Signature

Daint Name of Witness

Signature

Print Name of Witness