# L04000058780

(	Requestor's Name)	
(	(Address)	<u> </u>
(	(Address)	
(	City/State/Zip/Phone #	)
PICK-UP	WAIT	
(	Business Entity Name,	)
	Document Number)	<u>.</u>
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	<u></u>	Slag
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## TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations

YANKEE MOBILE TUC (Name of Limited Liability Company) SUBJECT:

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

Please return all correspondence concerning this matter to the following:

(Name of Person)	
(Firm/Company)	
	4 AUG
628 Spanish Riven BIVO #26 (Address)	
Born Rurred FL. 33431	SEE.F
(City/State and Zip Code)	
	:26 0R10-

For further information concerning this matter, please call:

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Ron Warsmy (Name of Person) at (561) 25/-7-33/ (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

YANKEE MOBILE I LLC

### **ARTICLE II - Address:**

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

Principal Office Ad	dress:	Mailing Address:		
ROWALD M	/inimas	SAME-		
698 Spawish	REVER BIVD #26			
Back RATO	N Fr. 33431			
	istered Agent, Registered Of orida street address of the regist Rowaco Wittun Name 648 Spanstsh Rt Florida street address (P.O. Bo	Ami von BIVD #26	TALLERNASSEE, FLORIDA	
	BUZE KINTON	FLORIDA 33431		

City, State, and 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 608, Florida Statutes..

Rauld Whille

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

# **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

## Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGR

ROWALD WITHMAN 688 SprintsH REVER BIND #16 BUCA RATON FE 33431

ASS

PM 2:26

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

fault Whitter

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rentacio Wincams Typed or printed name of signee

Filing Fees: \$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)