SECRETARY DE STATE

	TALLAHASSE	E. FLORIDA	1 / 201 /1 21/1/ 201/7 801/1 801/1 91/27 1/279 81/88 1/2
(Requestor's Name)		-	
(Address)		-	000041
(Address)		-	000041
(City/State/Zip/Phone #	¥)	-	
PICK-UP WAIT	MAIL MAIL		10/21/040
(Business Entity Name)	-	
(Document Number)		-	
Certified Copies Certificates of	of Status		
Special Instructions to Filing Officer:			
A	L		
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TRANSMITTAL LETTER

Date # 10-20-04

TO:

Registration Section Division of Corporations

2004 OCT 21 P 3: 2:

SUBJECT: YS ENTERPRISES LLC

(Name of Limited Liability Company)

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

<u>Avinash Desai</u>		
	(Name of Person)	
	(Firm/Company)	
6316 Timucuans Drive		
	(Address)	
Lakeland, FL-33813		
	(City/State and Zip Code)	
For further information concerning	g this matter, please call:	
Ayinash Desai	at (863) 648-4494	
(Name of Person)	Area Code & Daytime Phone	

STREET ADDRESS

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

End: PMO# 0704922 3180

FILED

ARTICLES OF ORGANIZATION **FOR** FOR FLORIDA LIMITED LIABILITY COMPANY 2004 OCT 21 P 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	IALLAHASSEE, FLORIE
ARTICLE I - Name: The name of the Limited Liability Company is:	
YS ENTERPRISES LLC	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6316 Timucuans Drive	6316 Timucuans Drive
Lakeland,	Lakeland
F133813	FL-33813
Avinash Desai Nai 6316 Timucuans Drive Florida street address (P.	
<u>Lakeland</u> City, State	FLORIDA 33813 e, and Zip
company at the place designated in this certificate, I have agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am funderegistered agent as provide	service of process for the above stated limited liability nereby accept the appointment as registered agent and with the provisions of all statutes relating to the proper alliar with and accept the obligations of my position as led for in Chapter 608, F.S.

Page 1 of 2 (CONTINUED)

FILED 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 Avinash Desai MGRM 6316 Timucuans Drive Lakeland _____ FL- 33813 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. 10/20/04 (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.) Avinash Desai Typed or printed name of signee

End:

\$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)