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CHETARY OF STATE



COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: YUAN I	_LC (Name of Limited	d Liability Compar	ny)		
	Organization and fee(s) are so				
	ondence concerning this matte	er to the following:			
	(1	Name of Person)	_		
REYGADA	S & ASSOCIATES				2005
	(Firm/Company)	_		
420 LINCO	DLN RD				2005 DEC - PM 3: 47
		(Address)			
MIAMI BE	ACH, FL 33129				မှု နို
		/State and Zip Code)			-5 💆
For further information of	concerning this matter, please	call:			
JOSE REYGADA		at (_305)	3509155		
(Name	of Person)	(Area Code	& Daytime Te	elephone Number)	
Enclosed is a check for	r the following amount:				
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified Copy (additional copy is		\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporation	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
YUAN LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability C	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Comp	any	is:
Principal Office Address:	Mailing Address:		
2600 GLADES CIRCLE	420 LINCOLN RD.		
SUITE 900 & 1000	SUITE 300		
WESTON, FL 33327	MIAMI BEACH, FL 33129		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the re JOSE ALFREDO REYGADAS Name	ered Agent. You must designate an individual or another egistered agent are:	2005 NFC - 1	SECRETARY OF COR
420 LINCOLN RD. SUITE 3	300	P	89°
	lress (P.O. Box <u>NOT</u> acceptable)	بہ	RATI
MIAMI BEACH,	FI 33129	5	ЭĽ
City, State, a	and Zip		
	his certificate, I hereby accept the appointments, I further aggee to comply with the provision	nt as ns 0) th ar	s fall nd

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address: g Member	
PRESIDENT	RODOLFO RODRIGUEZ 2600 GLADES CIRCLE WESTON, FL 33327	
VICE PRESIDENT	NANCY RODRIGUEZ 2600 GLADES CIRCLE WESTON, FL 33327	SECRETARY DIVISION OF C
		PH 3: 47
(Use attachment if ne	ecessary)	
ARTICLE V: Effective date, (If an effective date is listed, to or 90 days after the date of	, if other than the date of filing: the date must be specific and cannot be more than five filing.)	(OPTIONAL) /e business days prior
REQUIRED SIGNA	ATURE:	iber.
(In of t	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perhat the facts stated herein are true.)	on
<u>10</u>	DSE ALFREDO REYGADAS Typed or printed name of signee	

Filing Fees:

34

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)