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(Req	uestor's Name)	
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Special Instructions to Filing Officer:		
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SECRETARY OF STATE SECRETARY OF STA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YESSE Treviño Constituction (Name of Limited Liability Company)	22
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vesse Tre VITO (Name of Person)	
(Firm/Company)	
51 pitts ct	
51 PIFFS cf (Address)	
Greens buru F/ 32330 (City/State and Zip Code)	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Yessi Toeviño at (850) 322 0942 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fe & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Figure 1 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YC55C TICUINO CONS	Struction LLC Company" or their abbreviation "LLC," or "L.C.,")
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:
SI pilts ct Greenshore #1	Same
22 330	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	ristered agent are:
YESSE Treui Name	л O
si pitts ct	ess (P.O. Box NOT acceptable)
Florida street addre	ss (P.O. Box NOT acceptable)
Oveensbord City, State, and	FL 32330
City, State, and	I Zip``
	cept service of process for the above stated limited s certificate, I hereby accept the appointment as

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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, F.S.

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Vesse Tieviño
-	SI pitts ct Greensboro 32330
	,
	
(Use attachment if necessary)	•
CLE V: Effective date, if other than the	
ffective date is listed, the date must b days after the date of filing.)	e specific and cannot be more than five business days prior
,, . ,	
REQUIRED SIGNATURE:	
James	
Signature of a memb	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
that the facts stated	

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

Trevino Typed or printed name of signee