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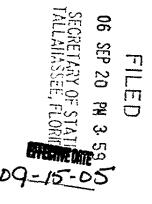
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COVEŘ LETTER

TO: Registration S Division of Co	Section orporations		*	
SUBJECT:	Ya Ya's Heirlooms	LLC		
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	······································	e Kelley		
	(Name of Person)		
	Ya Ya's He	eirlooms LLC		
	(Firm/Company)	*	. ,
	1661	Noir Ln		
		(Address)	<u> </u>	•
	Cantonment F	L 32533		
	(City,	State and Zip Code)		. ,
For further information	concerning this matter, please	call:		
Kristie Kelley		at (. 850) 587-58	75	
(Name	e of Person)	(Area Code & Daytime T		
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	- S:	
Ya Ya's Heirlooms LLC		
(Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Comp	oany is:
Principal Office Address:	Mailing Address:	
5941 Berryhill Rd Suite K Milton FL 32570	1661 Noir Ln Cantonment FL 32533	
		en e
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the	istered Agent. You must designate an individual or another	
Kristie Kelle	y	. = = :
Nam	e	
1661 Noir Ln		
Florida street a	ddress (P.O. Box NOT acceptable)	·
Cantonment	FL 32533	
City, State	, and Zip	
liability company at the place designated in	o accept service of process for the above stated this certificate, I hereby accept the appointment ity. I further agree to comply with the provision	nt as

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 06 SEP 20 PM 3-59
SECRETARY OF STATE

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" = Mana "MGRM" = Ma		Name and Address:	,
MGR	·	Kristie F Kelley 1661 Noir Ln Cantonment FL 32533	
MGRM		Faye H Tittle 2493 Pine Forest Rd Cantonment FL 32526	- 1 ·
			_ · · · - · · · · · · · · · · · · · · ·
	date, if other than the da	tte of filing: 9/15/06 (OPTI pecific and cannot be more than five business	
<u>REQUIRED</u> SI	Signature of a member o	r an authorized representative of a member.	
	of this document constitute that the facts stated here	es an affirmation under the penalties of perjury	···· -

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)