# L01000050353

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2007

JAMES MCDANIEL 8401 RIVERBRANCH PLACE SANFORD, FL 32771

SUBJECT: YARD STAR, LLC Ref. Number: W07000019362

We have received your document for YARD STAR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 19, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 707A00026903

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# **COVER LETTER**

Division of Co			
SUBJECT: YAR	D STAR, LLC	,	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	to the following:	
JAMES	McDANIEL		
	(	Name of Person)	
	(	Firm/Company)	
8401 RI	VERBRANCH PLAC	DE	
		(Address)	28 B
SANFO	RD, FL 32771		
	(City	/State and Zip Code)	ASS I
For further information	concerning this matter, please	call:	EE FL
JAMES McDA	ANIEL	at ( 407 ) 948-549	9 ORIE 19
(Nam	e of Person)	(Name of Person)  (Firm/Company)  NCH PLACE  (Address)  (City/State and Zip Code)  s matter, please call:  at (407) 948-5499  (Area Code & Daytime Telephone Number)  Tiling Fee & \$\Bar{1}\$\$ \$155.00 Filing Fee & \$\Bar{2}\$\$ Certificate of Status &	
Enclosed is a check f	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nai	me:		
The name of the L	imited Liability Company	is:	
YARD STAR, LL	C		
		imited Company" or their abbreviation	"LLC." or "L.C")
(Made one Man are More	- <b>2,</b> ,, -		,,
ARTICLE II - Ac	ldress:		
The mailing address	ss and street address of the	e principal office of the Limit	ed Liability Company is:
Principal Office A	<u> Address:</u>	Mailing Address:	
8401 RIVERBRANCI	H PLACE		
SANFORD, FL 3277	1		<del></del>
			7
			SE SE
		ered Office, & Registered Ag	
` ,	ompany cannot serve as its own it active Florida registration.)	Registered Agent. You must designate a	n individual or another—
·			SER -
The name and the	Florida street address of t	he registered agent are:	mo 2
	JAMES MCDANIEL		PN 2: 19 OF STATE
	Na	ame	雪 5
			3
	8401 RIVERBRANCH		
	Florida stree	t address (P.O. Box NOT acceptable	e)
	SANFORD, FL 32771	FL	
	City, Sta	ate, and Zip	
Having been nam	ed as registered agent and	l to accept service of process fo	or the above stated limited

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

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

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

MGR	JAMES McDANIEL	
	8401 RIVERBRANCH PLACE	
	SANFORD, FL 32771	<del></del>
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		<del></del>
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	D. Co	
Use attachment if necessary)	SER	~ -
	Ma :	를 골 AMOITS

## **REQUIRED SIGNATURE:**

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.)

JAMES McDANIEL

Typed or printed name of signee

### 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)