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Office Use Only



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## **COVER LETTER**

TO:

Registration Section\*\*\*

Division of Co	rporations			
SUBJECT: YB INV	YESTMENTS II LLC		,	
SUBJECT.		ed Liability Company)		
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
Christophe	r Young			
<u></u>		(Name of Person)	r	·
		(Firm/Company)		
				2
1619 Rine	hart Rd		PEG.	
	•	(Address)	全部	
Sanford, F	I 32771		ASSE	07 JUN 12 AN 10:57
	(Cit	//State and Zip Code)		
			Ę	SE 5
For further information	concerning this matter, please	call:	Ę	
Christopher Your	ng	at ( 407 ) 302 6645		
(Name	of Person)	(Area Code & Daytime Teleph	ione Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Contact (additional copy is enclosed)	\$160.00 Filing Fee, ertificate of Status & Certified Copy dditional 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 Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cie	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nome.	
ARTICLE I - Name: The name of the Limited Liability Company i	is:
YB INVESTMENTS II LLC	
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1619 Rinehart Rd	1619 Rinehart Rd
Sanford, FI 32771	Sanford, FI 32771
(The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.)  The name and the Florida street address of the YB INVESTMENTS I LLC	
Nan	ne
1619 Rinehart Rd	
Florida street a	address (P.O. Box NOT acceptable)
Sanford	FL 32771
City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	Christopher Young		
	1619 Rinehart Rd		
	Sanford, FI 32771		
MGRM	Todd Young		
	1619 Rinehart Rd		
	Sanford, FI 32771		
<u> </u>			
	}		
(Use attachment if necessary)			
IF V. Effective data if other than the	te date of filing: (OPTIONA		
LE V: Effective date, if other than the	be specific and cannot be more than five business day		
days after the date of filing.)	be specific and cannot be more than five business day		
g-,			
REQUIRED SIGNATURE:			
( 1_1211111111			
JT 111/10			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

**Christopher Young** 

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee