

L08000103813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

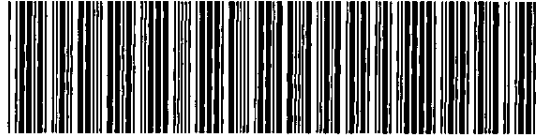
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS

NOV 6 2008

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

DOCTOR YUNO, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Lee Harary
Doctor Yunu, LLC
1601 East Amelia St.
Orlando, FL 32803

For further information concerning this matter, please call:
at (407-895-3636)
(Lee Harary) (407-895-3636)

Enclosed is a check for the following amount:

\$125.00 Filing Fee

Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:
DOCTOR YUNO, LLC

ARTICLE II - Address:

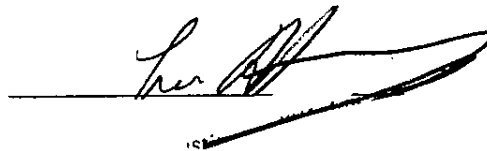
The mailing address and street address of the principal office of the Limited Liability
Company is:
1601 East Amelia St.
Orlando, FL 32803

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:
Lee Harary
1601 East Amelia St.
Orlando, FL 32803

*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



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TALLAHASSEE, FLORIDA

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

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

Lee Harary, MGR
1601 East Amelia St.
Orlando, FL 32803

ARTICLE V: Effective date is the date of filing

REQUIRED SIGNATURE:



(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.)

Lee Harary

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)

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TALLAHASSEE, FLORIDA

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