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M. THOMAS

AUG 1 3 2009

EXAMINER NO9-78011

COVER LETTER

TO:	Registration Division of C				
SUBJE	ECT:	ŀ	Hot Yella, LLC		
	Name of Limited Liability Company				
The en	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	spondence concerning this mate	ter to the following:		
	Ariella Asher				
		,	Name of Person		
			Firm/Company		· · · · · · · · · · · · · · · · · · ·
	7.6		TAS O		
	4408 Bayshore Circle Address		09 AUG 13		
	Tallahassee, FL 32309			HAS	
			y/State and Zip Code	 	Ero 3
-		ariellaja E-mail address: (to be used f	asmin@hotmail.co	m tification)	70 5
For fur	ther information	n concerning this matter, please	·		ATE RIDA
		ella Asher e of Person	at (608) Area Code & Do	217-4272 aytime Telephone Numbe	· :r
Enclos	sed is a check t	for the following amount:			
7 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is er	Certificat nclosed) Certified	iling Fee, e of Status & Copy copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration Se Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng re Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Hot Yella, LLC					
(Must end with the words "Limited Liability Co	ompany," "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:				
Principal Office Address: M	ailing Address:				
	108 Bayshore Circle 309 39 39 39 39 39 39 39 39 39 39 39 39 39				
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Registered A business entity with an active Florida registration.) The name and the Florida street address of the regist	Agent. You must designate an individual of hnother and the second				
Ariella Ashe	r P				
Name					
4408 Bayshore 0	Circle				
Florida street address (P.O. Box					
Tallahassee, FL 32309 FL					
City, State, and Zi	p				
Having been named as registered agent and to accept liability company at the place designated in this caregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered Registered Agent's signature (CONTINUED)	ertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and d agent as provided for in Chapter 608, F.S REQUIRED)				

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	er ·
MGRM	Ariella Asher
	4408 Bayshore Circle
	Tallahassee, FL 32309
	A SECTION AND A
	The second secon
	70 =
	R.D.
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
RTICLE V: Effective date, if other the	han the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	pember or an authorized representative of a member.
(In accordance of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury tated herein are true.)
_	Ariella Asher
Filing Fees:	Typed or printed name of signee

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

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