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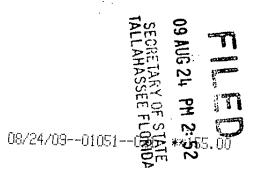
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COVER LETTER

TO: Registration of Division of	on Section Corporations	
SUBJECT:	YOU	JSE GUYS LLC
	Name of Limit	ed Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all con	respondence concerning this matt	ter to the following:
	NICK HOLPFER	R AND RICHARD DAVIS
	YOU	JSE GUYS LLC
		Firm/Company
	373 H	HARP TERRACE
		Address
	· · · · · · · · · · · · · · · · · · ·	STIAN FL 32958
		y/State and Zip Code
	RICHDAVIS E-mail address: (to be used I	321299@HOTMAIL.COM for future annual report notification)
For further informat	ion concerning this matter, please	•
	HEL HOLPFER me of Person	at (772) 643 3734 Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fe	ee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
YOUSI	E GUYS LLC	
(Must end with the words "Lir	nited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
373 HARP TERRACE SEBASTIAN FL 32958	373 HARP TERRACE SEBASTIAN FL 32958	
business entity with an active Florida registration.) The name and the Florida street address		09 AUG 24 SECRETARY TALLAHASSE
373 1	HARP TERRACE	77
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)	STAT STAT
SEBASTIAN FL	32958 _{FL}	DATE 32
Cit	y, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	at and to accept service of process for the acted in this certificate, I hereby accept the acceptant in this certificate, I hereby accept the acceptant in the capacity. I further agree to comply with the inplete performance of my duties, and I am in as registered agent as provided for in Charles Signature (REQUIRED)	appointment as the provisions of all familiar with and

(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:

		Name and Address:	
"MGR" = Manag	•		
"MGRM" = Mar	naging Member		
MGR		NICK HOLPFER	
		373 HARP TERRACE	
		SEBASTIAN FL 32958	
MGR		RICHARD DAVIS	
		824 SW 19 TH ST	
		FORT LAUDERDALE FL 33315	
	_		
	_		
effective date is lis 0 days after the d	sted, the date must be ate of filing.)	date of filing: 08/19/09 . (O specific and cannot be more than five bus	
REQUIRED SI	UNATURE /	, / /	
REQUIRED SI	My J.	4/	
<u>REQUIRED</u> SI	My L.	or an authorized representative of a member.	
<u>REQUIRED</u> SI	Signature of a member (In accordance with sect of this document constituted that the facts stated here	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	09 AUG (SECRET TALLAH
<u>REQUIRED</u> SI	Signature of a member (In accordance with sect of this document constituted that the facts stated here	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	09 AUG 24 SECRETARY TALLAHASS
	Signature of a member (In accordance with sect of this document constituted that the facts stated here Typ	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	09 AUG 24 PM SECRETARY OF TALLAHASSEE
REQUIRED SI	Signature of a member (In accordance with sect of this document constituted that the facts stated here Typ	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	09 AUG 24 PM 2 SECRETARY OF S
Filing Fees	Signature of a member (In accordance with sect of this document constituted that the facts stated here Typ	tion 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury ein are true.) OCPERED Deed or printed name of signee	09 AUG 24 PM 2: 5 SECRETARY OF STATE OR
Filing Fees \$125.00 Filing of Reg	Signature of a member of this document constitute that the facts stated here Typ	tion 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury ein are true.) OCPERED Deed or printed name of signee	(C) (C)

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)