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	Requestor's Name)	
(Address)	
(Address)	***
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	- 1
(Document Number)	1
Certified Copies	Certificates of	Status ·
Special Instructions	to Filing Officer:	·
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EXAMINE

Corporate Filing Solutions Inc. 61-27 155th Street, 1st Floor Flushing, NY 11367

Tel: 718-353-7703 Fax: 718-353-7498

Date: September 15, 2009

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Yoo Properties LLC

Please file this Articles of Limited Liability Company and return a certified copy to our office as soon as possible. Enclosed please find:

1. Articles of LLC

2. Copy of Articles of Limited Liability Company for certification

3. Check Amount: 155.00 Filing Fees (30.00 Certification)

Please return the certified copy to my office

Thank you,

John Park @ Corporate Filing Solutions

COVER LETTER

TO: Registration Se Division of Co	rporations Publishing, LEC-	U & 0 A	roperties,	LLC
	f Organization and fee(s) are s ondence concerning this matte	_		
00/111 411		Name of Person)		
Corporate	Filing Solutions	,		
	(Firm/Company)		T 28
61-27 15	5th Street, 1st F			S G
		(Address)		7
Flushing	, NY 11367			138.55 10 P
	(City	/State and Zip Code)		PAIZ: 50
For further information	concerning this matter, please	call:		53
John Park		. 44 \	-7703	
(Name	of Person)	(Area Code & Day	time Telephone Numbe	т)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is enclose	Certificate (ed) Certified C	
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	mpany is:
Yoo Properties, LLC	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Com	pany, "Limited Company of their aboreviation LLC, of L.C.,)
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
33224 Highway 27 South	33224 Highway 27 South
Haines City, FL 33844	Haines City, FL 33844
business entity with an active Florida registration The name and the Florida street addre Dae Hyun Yoo	
33224 Highway 2	7 South
Flori	da street address (P.O. Box NOT acceptable)
Haines City	FL 33844
	City, State, and Zip
liability company at the place designeristered agent and agree to act in the statutes relating to the proper and co	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as nis capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and son as registered agent as provided for in Chapter 608, F.S
Registered Ag	ent'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	Dae Hyun Yoo	
******	33224 Highway 27 South	
	Haines City, FL 33844	
		
	E.	2119
	75	
	Sept.	## '무
(Use attachment if necessary)	ය. දැන් දැන්	60 1
CLE V: Effective date, if other than the	date of filing:	TONAL
effective date is listed, the date must be	specific and cannot be more than five busing	s days pri
90 days after the date of filing.)	ਹ ਵ	7171 6.5

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.)

Dae Hyun Yoo

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)