

L110000049250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

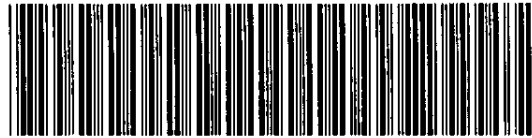
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800200465638

04/26/11--01020--008 **125.00

NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2011 APR 26 PM 2:31

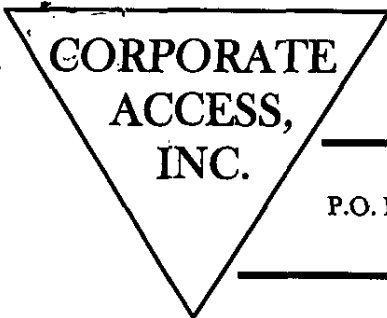
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

APR 26 2011

EXAMINER

FILED
SECRETARY OF S
DIVISION OF CORPORATIONS
11 APR 26 PM 3:30



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

FILED
SECRETARY OF STATE
APR 26 PM 3:49

WALK IN

PICK UP: 4/26/11 Alma

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING LLC _____

1. Yip Family, LLC
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

SPECIAL INSTRUCTIONS:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 PM 3:49

ARTICLE I – Name:

The name of the Limited Liability Company is: Yip Family, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1125 Maxwell Lane

Hoboken, NJ 07030

Mailing Address:

1125 Maxwell Lane, #822

Hoboken, NJ 07030

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

The name and the Florida street address of the Registered Agent are:

Haynes E. Brinson, Esq.

Name

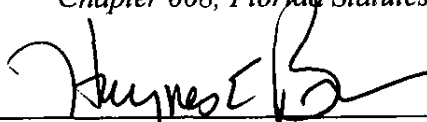
28 N. John Young Parkway

Florida street address (P.O. Box **NOT** acceptable)

Kissimmee, FL 34741

City, State and Zip

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, Florida Statutes.



Registered Agent's Signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 26 PM 3:49

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

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

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and Address:

MGRM

Suzanne Yip

1125 Maxwell Lane #822

Hoboken, NJ 07030

MGRM

Timothy Yip

1125 Maxwell Lane #822

Hoboken, NJ 07030

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required.

REQUIRED SIGNATURE:


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.)

Haynes E. Brinson, Esq.

Typed or Printed Name of Signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)