## 111000144610

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

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SECRETARY OF STATE

T. CLINE SE 2011

EXAMINER

## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: YAK	USA MOTORS			
	Name of Limit	ed Liability Company		
	s of Organization and fee(s) are	-		
Please return all corre	espondence concerning this matt	er to the following:		
Leonard	do Lares			
		Name of Person		
Yakusa	Motors			
		Firm/Company		<del></del>
11127 9	SW 154 CT			n p
11137	<u> </u>	Address	FIGURE PROPERTY.	
		Addivss		DEC 27
Miami, FL			TSSA SSA	27
		y/State and Zip Code	<u> </u>	
yakusamo	otors@gmail.com	or future annual report notification)	70	
	·	•	32	် ကို
For further information	on concerning this matter, please	e call:	>	
Diana Alderego	uia Lares	at ( 786 ) 291 - 7448		
Nan	ne of Person	Area Code & Daytime Telepl	none Number	
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Stat Certified Copy (additional copy is en	tus &
	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 Cir	rcle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
YAKUSA MOTORS, LLC	
	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
11137 SW 154 CT Miami, FL 33196	11137 SW 154 CT Miami, FL
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address o	f the registered agent are:
Leonardo Lares	
	Name
<u>11137 SW 15</u>	
	reet address (P.O. Box NOT acceptable)
Miami, FL	FL 33196 City, State, and Zip
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compacted accept the obligations of my position at Registered Agents	nd to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of a lete performance of my duties, and I am familiar with and is registered again as provided for in Chapter 608, F.S  Signature (REQUIRED)
	vTINUED) Elof2  Elof2
Pag	gelof2 얼룩 쩝 트

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 Member		
President	Leonardo Lares	
	11137 SW 154 CT Miami, FL 33196	
Vice President	Diana Aldereguia Lares	
	11137 SW 154 CT	
	Miami, FL 33196	
<del></del>		
If an effective date is listed, the date mus	the date of filing: Nanuary 1, 2012 . (OPTION st be specific and cannot be more than five business da	
o or 90 days after the date of filing.)  REQUIRED SIGNATURE:	Value 1	
Signature of a mer	mber dran authorized representative of a member.	
constitutes an affirmation u I am aware that any false in	608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)	÷
Leonardo L	oroc ( )	•
	Typed or printed name of signee	7
Filing Fees:	SSEE SSEE	Endough 3 Internation
\$125.00 Filing Fee for Articles of O of Registered Agent	Organization and Designation	
\$ 30.00 Certified Copy (Ontional)	ar an ar	

\$ 5.00 Certificate of Status (Optional)