2000099736

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



700237959027

Effective Date 7-30-12

08/01/12--01006--009 **130.00

J. SAULSBERRY EXAMINER

AUG 2 2012

COVER LETTER

Division of Corpor			
SUBJECT: Yello	Name of Limited	Denigna LLC d Liability Company	
The enclosed Articles of Org	anization and fee(s) are s	ubmitted for filing.	201 TAL
Please return all corresponde	nce concerning this matte	er to the following:	Z AL
	apple	y G. Hall	HASSE
		Name of Person Yellow Tulip Firm/Company	SECRETARY OF STATE ALLAHASSEE, FLOR DA
	530 Kax	e Catherine I)rive
	Maitlan City Onnley 1 -mail address: (to be used for	Address Ad, FL 31 /State and Zip Code nall 1	751 xil·com
For further information conc			
_	-	at (407) 782. Area Code & Daytime Teleph	6007
Enclosed is a check for the	e following amount:		
\$125.00 Filing Fee \$	30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	lailing Address egistration Section bivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I- Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address: Principal Office Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Florida street address (P.O. Box NOT acceptable) 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, F.S.. Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Ashley G. Hall 530 Lake Catherine Drive Maitland, FL 32751
	2012 AUCRE
	AFT OF STAN
	-
(Use attachment if necessary) [CLE V: Effective date, if other than the date.]	tte of filing: Auly 30, 2012 (OPTIONAL)
CLE V: Effective date, if other than the da effective date is listed, the date must be s	
CLE V: Effective date, if other than the da effective date is listed, the date must be s	tte of filing: July 30, 2012, (OPTIONAL)
CLE V: Effective date, if other than the da effective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE:	ate of filing: July 30, 2012, (OPTIONAL)
ICLE V: Effective date, if other than the date effective date is listed, the date must be sepondays after the date of filing.) REQUIRED SIGNATURE: Signature of a member of the date of the date of a member of the date of a member of the date of a member of the date of	the of filing: Auly 30, 2012 (OPTIONAL) pecific and cannot be more than five business days property an authorized representative of a member. 28(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, it is in a document to the Department of State

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: