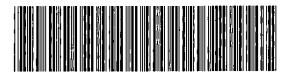
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12 AUG 31 PH 12: 42
SECRE LARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP -4 2012

EXAMINER

## **COYER LETTER**

TO: Registration Solution of Con		e de la companya de		
SUBJECT: YMBR	2, LLC.			
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JEFFREY SETH SELZER, ESQ.				
Name of Person SELZER AND WEISS, ATTORNEYS AT LAW				
Firm/Company				
2550 N.E. 15TH AVENUE				
		Address	···	
WILTON MANORS, FL 33305				
	Cit	y/State and Zip Code		
JS@SELZE	RANDWEISS.COM			
	E-mail address: (to be used t	for future annual report notification)		
For further information of	concerning this matter, please	e call:		
JEFFREY SETH	SELZER	at (954 ) 567-4444		
Name o	f Person	Area Code & Daytime Telep	hone Number	
Enclosed is a check fo	r the following amount:			
<b>√</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company	' is:
YMBR2, LLC.	
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1513 N.E. 26TH ST.	1513 N.E. 26TH ST.
WILTON MANORS, FL 33305	WILTON MANORS, FL 33305
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
RAY FENNON	he registered agent are:    A
Na	ame SS - m
1513 N.E. 26Th	H ST.
Florida street	t address (P.O. Box NOT acceptable)
WILTON MANORS	<sub>FL</sub> 33305
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 astregistered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: 12 AUG 31 PM 12: 42

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE FALLAHASSEE, FLORIDA
MGR/MGRM	SCOTT A. WEISS	
	1513 N.E. 26TH ST. WILTON MANORS, FL 33305	
MGR/MGRM	JEFFREY SETH SELZER	
	1513 N.E. 26TH ST.	
	WILTON MANORS, FL 33305	
MGR/MGRM	RAY FENNON	
	1513 N.E. 26TH ST.	
	WILTON MANORS, FL 33305	·
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: 09/04/2012 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RAY FENNON

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)