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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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JIVISION OF CORPERATIONS

C. LEWIS

DCC. 3, 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2012

ADAEZE AMARAM PO BOX 7297-201258 TALLAHASSEE, FL 32314

SUBJECT: YHWH ENTERPRISE, LLC

Ref. Number: W12000058451

We have received your document for YHWH ENTERPRISE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00027929

COVER LETTER

| | tration Section ^t ion of Corporations | | | | |
|--------------------------|--|--|--|--|--|
| , | VUMU ENTEDDDISE II C | | | | |
| SUBJECT: | SUBJECT: YHWH ENTERPRISE, LLC Name of Limited Liability Company | | | | |
| | | | | | |
| The enclosed A | Articles of Organization and fee(s) are | submitted for filing. | | | |
| Please return a | ll correspondence concerning this mat | ter to the following: | | | |
| Ada | eze Amaram | | | | |
| | | Name of Person | | | |
| | | | | | |
| | | Firm/Company | | | |
| РО | Box 7297-201258 | | | | |
| 4' | | Address | | | |
| Tellel | hanna El 22214 | | | | |
| <u>ı allal</u> | hassee, FL 32314 | ty/State and Zip Code | | | |
| iame | nterprisellc@yahoo.com | | | | |
| | E-mail address: (to be used | for future annual report notification) | | | |
| For further info | ormation concerning this matter, pleas | e call: | | | |
| | | | | | |
| Adaeze A | | at () Area Code & Daytime Telephone Number | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | |
| Enclosed is a | check for the following amount: | | | | |
| √ \$125.00 Filing | Fee \$\int_\$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 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 Circle | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I | - Name: he Limited Liability Compan | v is: | |
|--------------------------------|--|--|---------------------------|
| YHWH5 ° E | NTERPRISE, LLC | | |
| | (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II The mailing a | | ne principal office of the Limited Liabili | ty Company is: |
| Principal Off | ice Address: | Mailing Address: | |
| 723 Truman A Tallahassee, F | | PO Box 7297-201258 Tallahassee, FL 32314 | |
| The Limited Liabi | | ered Office, & Registered Agent's Signate an individual of | |
| The name and | the Florida street address of | the registered agent are: | 2 |
| | Adaeze Amaram | | SECRETARY VISION OF CO |
| | . N | ame | OV NEW YORK |
| | 723 Truman Av | venue | 0 000 |
| | Florida stree | et address (P.O. Box NOT acceptable) | 7 |
| | Tallahassee, | _{FL} 32314 | <u>پ ج</u> |
| | Cit | y, State, and Zip | 2 |

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.

(CONTINUED)

d Agent's Signature (REQUIRED)

Page 1 of 2

| Title: | Name and Address: | DIVISION OF COM |
|--|--|---------------------------|
| "MGR" = Manager | Name and Address. | 2112 NOV 30 P |
| "MGRM" = Managing Member | ·. | 2012 HOV 30 P |
| MGR | Adaeze Amaram | - |
| MOR | PO Box 7297-201258 | |
| | Tallahassee, FL 3314 | - |
| | Tallaria de de la companya de la com | |
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| (Use attachment if necessary) | | |
| CLE V: Effective date, if other than t | the date of filing: 1/2/2013 | (OPTIONAL) |
| | t be specific and cannot be more than five | business days pric |
| 0 days after the date of filing.) | | |
| | | |
| | • | |
| REOUIRED SIGNATURE: | • | |
| REQUIRED SIGNATURE: | · | |
| REQUIRED SIGNATURE: | | |
| Man | 4 | |
| Man | nber or an authorized representative of a memb | er. |
| Signature of a men | 608.408(3), Florida Statutes, the execution of this c | locument |
| Signature of a men (In accordance with section of constitutes an affirmation un | • | locument ein are true. |

Adaeze Amaram
Typed or printed name of signce

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)