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COVER LETTER

TO: Registration : Division of C				
SUBJECT: Yon	e Group Hole	dings, LLC		
Sobolici.	Name of Limite	ed Liability Company	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.		
Please return all corres	pondence concerning this matt	er to the following:		
Paula	Tin Nyo			
		Name of Person		
Yone (Group, Inc		· pri	<i>F</i> -3
<u> </u>		Firm/Company	FUED AND SECOND	<u>ය</u>
20640	Bay Brooke	Ct	Jacob Park	Po .
		Address		7
Boca F	Raton, FL 33	3498		孟
		y/State and Zip Code	21:20 20 mi	
paula.tin	nyo@yonegroup E-mail address: (to be used to	.COM or future annual report notification)		
For further information	concerning this matter, please	•		
			106	
Paula Tin	of Person	at (561 613-74) Area Code & Daytime Telep		
Name	of reison	Alea Code & Dayume Telep	Holle Lantinet	
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 Sta Certified Copy (additional copy is e	itus &
	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	, ircl e	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Cor	mpany is:	
Yone Group Holdings LLC		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
20640 Bay Brooke Ct	20640 Bay Brooke Ct	
Boca Raton, FL 33498	Boca Raton, FL 33498	
	Registered Office, & Registered Agent's Signs to own Registered Agent. You must designate an individual.	
The name and the Florida street addre	ess of the registered agent are:	The same of the sa
Yone Group, Inc	0.00 0.00 0.00 0.00	
	, 	
20640 Bay Brooke C		
Florio	da street address (P.O. Box NOT acceptable)	
Boca Raton	33498 _{FL}	-
	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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

MGRM	Paula Tin Nyo
	20640 Bay Brooke Ct
	Boca Raton, FL 33498
	<u> </u>
	<u> </u>
	<u> </u>
(Use attachment if necessary)	
CLE V: Effective date, if other than	n the date of filing: April 10, 2013 (OPTION
effective date is listed, the date n o or 90 days after the date of filing	must be specific and cannot be more than five busing.)
REQUIRED SIGNATURE:	
	a

(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.)

Paula Tin Nyo

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)