## L1300089615

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

JUN 21 2012 B. KOHR



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## **COVER LETTER**

Division of Corp			
SUBJECT:	Onac's 'LLC'.		
	Name of Limited	d Liability Company	
· The enclosed Articles of 6	Organization and fee(s) are su	ıbmitted for filing.	
Please return all correspon	ndence concerning this matte	r to the following:	
•	Junio	n Branch Name of Person	JUN 20 PM 15:00
		Name of Person	2
	Your	Firm/Company	7 5
		Firm/Company	
1124 N	U 5Ave Apt	A	
		Address	
Tool	Laudandale Ti	2 3 <u>%</u> !!	
<u> </u>	City	//State and Zip Code	····
7	Junjunbo6@yaho	33311  //State and Zip Code  OO · Com  or future annual report notification)	
	E-mail address: (to be used for	or future annual report notification)	
For further information c	oncerning this matter, please	call:	
tunian	Branch	at ( 954 ) 638 340 Area Code & Dayline Telep	90
Name o	of Person	Area Code & Dayline Telep	hone Number
Enclosed is a check fo	r the following amount:	,	
□\$125.00 Filing Fee	•	□\$155.00 Filing Fee & 📵	\$160.00 Filing Fee
<b>4</b> 123.00 1 mig 1 cc	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	circie

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Yvonnes"LLC".
(Must end with the words "Limited 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:
1124 NW 5th Ave Apt # A  port Lauderdale FL. 33311  Fort Lauderdale FL. 33311
port Lauderdale FL. 33311 Fort Lauderdale FL. 33311
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:
Junian Brancha Name
Name
alzaldus Fly And Ant A A
1/24 NW 5th Ave AH # A  Florida street address (P.O. Box NOT acceptable)
Fort lauderdale FL 33311  City, State, and Zip
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

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Mem	Name and Address:
MGRM	Junian Brancho 1124 Nw 54 Ave Apt + A Fort Lowderbale FL. 33311
·	
LE V: Effective date, if othe fective date is listed, the d	r than the date of filing: (OPTION late must be specific and cannot be more than five busin
LE V: Effective date, if othe fective date is listed, the dor 90 days after the date of	r than the date of filing: (OPTION late must be specific and cannot be more than five busin filing.)
fective date is listed, the dor 90 days after the date of REQUIRED SIGNATURE  Signature  (In accordance with a constitutes are affirm I am aware that any	r than the date of filing: (OPTION late must be specific and cannot be more than five busing filing.)

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