

JUL/08/2013/MON

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FAX No.

P. 001

7/8/13

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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13 JUL -8 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
YNNI MIAMI, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

FILED  
13 JUL -8 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

*The name of the Limited Liability Company is:*

**YNNI MIAMI, LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the  
Limited Liability Company is:*

**Principal Office Address:**  
2101 BRICKELL AVE APT 2706  
MIAMI, FL 33129

**Mailing Address:**  
2101 BRICKELL AVE APT 2706  
MIAMI, FL 33129

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TALLAHASSEE, FLORIDA

***Registered Agent's Signature (REQUIRED)***  
***ARTICLE IV***

***Manager(s) or Managing Member(s): The name and address of each  
Manager or Managing Member is as follows:***

***Title:***

**YNNI MIAMI, LLC**

**YNNI LTD.**

**VANTERPOOL PLAZA, 2<sup>ND</sup> FLOOR  
WICKHAMS CAY I, ROAD ROWN  
TORTOLA, BRITISH VIRGIN ISLAND  
MANAGER MEMBER**

**ARTICLE V**

*Effective date, if other than the date of filing (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more  
than five business days prior to or 90 days after the date of filing.)*

**REQUIRED: SIGNATURE**

X   
*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.)*

**NEWTON RODRIGUEZ DE ALBUQUERQUE FILHO**  
*Typed or printed name of signee*

**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:*

**R&P ACCOUNTING & TAXES INC**

*Name*

**150 S.E 2<sup>ND</sup> AVE SUITE 1110**

*Florida street address (P.O. Box NOT acceptable)*

**MIAMI, FL. 33131**

*FL City, State, and Zip*

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**TALLAHASSEE, FLORIDA**

*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*

*X*