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JUL 3 1 2013 J. BRYAN

### **COVER LETTER**

TO: F

Registration Section
Division of Corporations

Your Way Vending Services 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: Kimberly Yarborough Name of Person Your Way Vending Services Llc Firm/Company P.O. Box 167 Address Glen St. Mary Fl. 32040 City/State and Zip Code yourwayvending@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kimberly Yarborough Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □\$155.00 Filing Fee & □ \$160.00 Filing Fee, **■**\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) 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

The name of the	Limited Liability Co	Limited Liability Company, "L.L.C.," or "L.L.C.,"
Your Way Vending S	Services I Ic	
		Limited Liability Company, "L.L.C.," or "LLC.")
		The second secon
ARTICLE II - A		- Cal - Cal - Cal - Cal - Cal - Cincided Linkilla Cal
The mailing add	ress and street addre	ss of the principal office of the Limited Liability Companys:
Principal Office	Address:	Mailing Address:
13535 County Rd. 1	27	P.O. Box 167
Sanderson Fl. 32087		Glen St. Mary Fl. 32040
CThe Limited Liebility	Company approx carro ac	Registered Office, & Registered Agent's Signature:
(The Limited Liability business entity with	Company cannot serve as an active Florida registration	its own Registered Agent. You must designate an individual or another
(The Limited Liability business entity with	Company cannot serve as an active Florida registration	its own Registered Agent. You must designate an individual or another in.) ess of the registered agent are:
(The Limited Liability business entity with	Company cannot serve as an active Florida registration e Florida street addr	its own Registered Agent. You must designate an individual or another in.) ess of the registered agent are:
(The Limited Liability business entity with	Company cannot serve as an active Florida registration e Florida street addr	its own Registered Agent. You must designate an individual or another in.) ess of the registered agent are:  Name
(The Limited Liability business entity with	Company cannot serve as an active Florida registration Florida Street addr Kimberly Yarborough	its own Registered Agent. You must designate an individual or another in.) ess of the registered agent are:  Name
(The Limited Liability business entity with	Company cannot serve as an active Florida registration Florida Street addr Kimberly Yarborough	its own Registered Agent. You must designate an individual or another in.)  ess of the registered agent are:  Name
(The Limited Liability business entity with	Company cannot serve as an active Florida registration e Florida street addr Kimberly Yarborough  13535 County Rd. 12	its own Registered Agent. You must designate an individual or another in.)  ess of the registered agent are:  Name  17  ida street address (P.O. Box NOT acceptable)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(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:

MGR	Member  Kristen Dyal
mor.	P.O. Box 16
	Kristen Dyal P.O. Box 16 Sanderson Fl. 32087
MGR	Kimberly Ynrborough
	P.O. BOX 167 Cha st. Mary FI: 32040
	THE RESERVE OF THE PERSON OF T
·	
(Use attachment if nec	essary)
LE V: Effective date, ffective date is listed, or 90 days after the d	f other than the date of filing: (OPTIONA the date must be specific and cannot be more than five busines ate of filing.)

(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.)

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)