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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	OCT 1 5 2013	
	A. LUNT	
	• ••	

Office Use Only



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TO:

Registration Section

COVER LETTER

Division of Co	orporations			
SUBJECT:	BODY B	UILDER ed Liability Comp		
	Name of Linii	еа главину Сотр	any	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	3.	
Please return all corresp	oondence concerning this matt	er to the following	•	
	MAR	CO A FL	ORES	
		Name of Person		
	NEWSTAR [*]	FENTER	RPRISE LL	Ċ
		Firm/Company		
	32711 WE	LLBROC	K DRIVE	78 Z
		Address		्र _े
	WESTLAKE '			
	cinfo@news	y/State and Zip Code tartenterpri		
·	E-mail address: (to be used	•		
For further information	concerning this matter, please	call:		÷ ***
MARCO A	FLORES	805 _{at}	, 338-2018	
Name	of Person		& Daytime Telephone N	umber
Enclosed is a check for	or the following amount:			•
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155,00 Filit Certified Co (additional cop	py Certi y is enclosed) Certi	.00 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name	•				
The name of the Lim	ited Liability Compar	ny is:			
		Y BUILDER LLC		_	
(Must	end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Add The mailing address		the principal office of the Limited L	iability (Compa	ny is:
Principal Office Ad	dress:	Mailing Address:			
12447 PARAMOUNT BLV		12447 PARAMOUNT BLVD D		<u>.</u>	
DOWNEY CA 90242		DOWNEY CA 90242		_	
—	ERNIE	the registered agent are: FLORES Name		2013 OCT 11 1	
	17633 NW 2	7TH AVE STE 5	37		Normal Apply
Florida street address (P.O. Box NOT acceptable)		1 - 4 (m) 	ලා ආ	-	
_		RINGS _F FL 33056	₹*		
	c	ity, State, and Zip			
liability company registered agent an all statutes relating	at the place designated agree to act in this control to the proper and control to actions of my position	nd to accept service of process for the din this certificate, I hereby accept capacity. I further agree to comply we mplete performance of my duties, an as registered agent as provided for Signature (REQUIRED)	the appo vith the p ed I am fa	intmen rovisio miliar	t as ons of with

(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:

MGMR	DANIEL LEON	
	12447 PARAMOUNT BLVD D	
	DOWNEY CA 90242	
<u> </u>		
	 ≯ (2013
	5 ~ 6 63 ? 43?)t
Use attachment if necessary)	(**) 	· <u>•</u>
	(C)	
EV: Effective date, if other than the	date of filing:	(OPTHO)
r 90 days after the date of filing.)	be specific and cannot be more than	live dusi
REQUIRED SIGNATURE:		
(

(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.)

DANIEL LEON

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)