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(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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AUG 2 9 2014 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: YES CONSULTING & BUSINESS Name of Lin	S SERVICES, LLC nited Liability Company		
The en	closed Articles of Organization and fee(s) an	re submitted for filing.		
Please	return all correspondence concerning this m	atter to the following:	•	
	YONY ESCOBAR		•	
		Name of Person	SECO TALL	<u>.</u>
	YES CONSULTING & BUSINESS	SERVICES, LLC		<u>-</u>
		Firm/Company	2500 A	<u>ر</u> د
	8371 GREYSTONE DRIVE	<u> </u>		2 (-
	LAKELAND FL 33810	Address		ب
		tity/State and Zip Code		
"У£	mile@veschs com	d for future annual report notifica	ation)	
For fur	ther information concerning this matter, plea	ase call:		
YAMI	E ESCALONA at ()			
	Name of Person	Area Code Daytime Te	lephone Number	
Enclos	ed is a check for the following amount:		,	
\$125.0	0 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	i)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Add Registration Section Division of Corporat Clifton Building		
	Tallahassee, FL 32314	2661 Executive Cent	er Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: YES CONSULTING & BUSINESS SERVICES, LI	LC			
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC	C.")		
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company	is:		
Principal Office Address:	Mailing Address:			
8371 GREYSTONE DRIVE LAKELAND FL	8371 GREYSTONE DRIVE LAKELAND FL			
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati The name and the Florida street address of the registere YAMILE ESCALONA Nam	m Registered Agent. You must designate ion.) ed agent are:	e an individual	or	
8371 GREYSTONE DRIVE				
Florida street address (P.O. Bo		ALL SEC	7	
LAKELAND FL	FL 33810		<i>}</i> ₩	ئ -ال
City	Zip	10 A	N	<u> </u>
Having been named as registered agent and to accept s the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o Cha	ept the appointment as registered agent a s of all statutes relating to the proper and	nd agree to ac l complete per	t in thi forma	is :
Yamile Escalon	ıa			
Registered Agent's Sign				
(CONTIN	UED)			

Page 1 of 2

"MGR" = Manager AMBR	
	YONY ESGOBAR
	8371 GREYSTONE DRIVE
	LAKELAND FL 33810
MGR	YAMILE ESCALONA
	8371 GREYSTONE DRIVE
	LAKELAND FL 33810
(III	
(Use attachment if necessary)	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	
YONY ESCOBAR	
	r or an authorized representative of a member.
(In accordance with section 605.020 constitutes an affirmation under the	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
(In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
(In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
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(In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as a YONY ESCOBAR Typ. \$125.00 Filing Fee for Articles of Organiz	03 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
(In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as a YONY ESCOBAR Typ. \$125.00 Filing Fee for Articles of Organiz \$30.00 Certified Copy (Optional)	O3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.) ped or printed name of signee Filing Fees:
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(In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as a YONY ESCOBAR Typ. \$125.00 Filing Fee for Articles of Organiz \$30.00 Certified Copy (Optional)	23 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. On submitted in a document to the Department of State provided for in s.817.155, F.S.) peed or printed name of signee Filing Fees: Exaction and Designation of Registered Agent