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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	CT: YRR, LLC Name of Lir	nited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please 1	return all correspondence concerning this m	atter to the following:	
	Sarah S. Walton		
		Name of Person	
	Philip A. Bates, P.A.		
		Firm/Company	2014 SEP 26 SECREPARY
	P.O. Box 1390		<u> </u>
		Address	
	Pensacola, Florida 32501-1390	City/State and Zip Code	er state
_SW	ralton@philipbates.net E-mail address: (to be use	d for future annual report notifica	tion)
For furt	her information concerning this matter, plea	ase call:	
<u>Sarah</u>	S. Walton at () Name of Person		ephone Number
Enclose	d is a check for the following amount:		
□ \$125.00	O Filing Fee \$\bigsiz \\$130.00 Filing Fee \$\&\ \text{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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
YRR, LLC	The Late of the second of the
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2605 Semoran Drive Pensacola, Florida 32503	2605 Semoran Drive Pensacola, Florida 32503
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its of another business entity with an active Florida registral The name and the Florida street address of the register	ce, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or ation.)
Sarah S. Walton Na	ume Om O
25 West Cedar Street, Suit Florida street address (P.O. I	
Pensacola	FL 32502
City	Zip
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	t service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this case of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in mapter 605, F.S

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Garrett W. Walton
	2605 Semoran Drive
	Pensacola, FL 32503
	
	
	<u> </u>
	<u> </u>
	No. of the second secon
EV: Effective date, if other than	the date of filing: September 24, 2014 (OPTIONAL)
(Use attachment if necessary) E.V: Effective date, if other than ctive date is listed, the date must filling.) E.VI: Other provisions, if any.	
E V: Effective date, if other than ctive date is listed, the date must filling.) E VI: Other provisions, if any.	the date of filing: September 24, 2014 (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than ctive date is listed, the date must filling.) E VI: Other provisions, if any.	the date of filing: September 24, 2014 (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than ctive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmatic	the date of filing: September 24, 2014 (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific and cannot be more than five business days prior to or 90 central and the specific
E V: Effective date, if other than ctive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with sec constitutes an affirmation I am aware that any falls.)	the date of filing: September 24, 2014 (OPTIONAL) at be specific and cannot be more than five business days prior to or 90 control of a member or an authorized representative of a member.

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)