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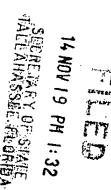
TO:	Registration Section Division of Corporations		
SUBJE	CCT: YUSSI HOLDINGS LLC Name of Li	imited Liability Company	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	JOSEPHA PETERS	Name of Person	
	YUSSI HOLDINGS LLC	Firm/Company	
	1830 N UNIVERSITY DRIVE, PMI	B 136 Address	
	PLANTATION, FL 33322	City/State and Zip Code	
E	©ET-TITLE.COM E-mail address: (to be use	ed for future annual report notifica	ation)
For furt	her information concerning this matter, ple	ease call:	
JOSEF	PHA PETERS at (Name of Person	954) 309-8343 Area Code Daytime Tel	ephone Number
Enclose	d is a check for the following amount:		
\$125.00	O Filing Fee \$\times \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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

 $\overline{\checkmark}$

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
YUSSI HOLDINGS LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1830 N UNIVERSITY DRIVE, PMB 136 PLANTATION, FL 33322	1830 N UNIVERSITY DRIVE, PMB 136 PLANTATION, FL 33322
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or
JOSEPHA PETERS	
Name	
2700 N 29TH AVENUE, SUITE	108
Florida street address (P.O. Box N	IOT acceptable)
HOLLYWOOD	FL 33020
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging	ce of process for the above stated limited liability company as the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	e (REQUIRED)
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(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized	Member	Name and Address:	
"MGR" = Manager MGR		JOSEPHA PETERS 1830 N UNIVERISTY DRIVE, PMB 136 PLANTATION, FL 33322	
		PLANTATION, PL 33322	
(Use attachment if neces			
ffective date is listed, the (her than the date of fil late must be specific	ing: (OPTIONAL and cannot be more than five business days prior	L) to or 90 da
ffective date is listed, the or filing.)	late must be specific	and cannot be more than five business days prior	∠) to or 90 da
ffective date is listed, the de of filing.) LE VI: Other provisions, if REQUIRED SIGNATU	any.	and cannot be more than five business days prior	c) to or 90 da
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