## L1500000 F627

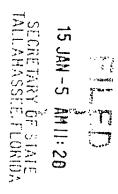
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Michael Yuen

4932 S.W. 151st Avenue

Davie, FL 33331

Bus: 954-636-1214

Ref: Forming Yuen Agency LLC

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Yuen Agency LLC	imited Liability Company	<u> </u>
Name of Li	imited Liability Company	
•		
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Michael Yuen		
Wichael Tuell	Name of Person	· · · · · · · · · · · · · · · · · · ·
Vuon Agonguilli C		
Yuen Agency LLC	Firm/Company	
•		
4932 S.W. 151st Ave		
	Address	
•		
· Ďaviė. FL 33331	City/State and Zip Code	
E-mail address: (to be use	ed for future annual report notifica	tion)
For further information concerning this matter, ple	ease call:	
	954 ) 636-1214	
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee  □\$130.00 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)
$\mathcal{J}(z)$		
Mailing Address	Street/Courier Addr	<u>ess</u>
Registration Section, Division of Corporations	Registration Section Division of Corporati	one
P.O. Box 6327	Clifton Building	Ona
Tallahassee, FL 32314	2661 Executive Cente	
	Tallahassee FI 3230	1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·		
Yuen Agency LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
4932 S.W. 151st Ave	4932 s.W. 151st Ave	
Davie, FL 33331	Davie, FL 33331	
The name and the Florida street address of the reg	gistered agent are:  Name	
4932 S.W. 151st Ave		
	O. Box NOT acceptable)	
<u>Davie</u>	FL 33331	
City	Zip	
Having been named as registered agent and to ac the place designated in this certificate. I hereb capacity. I further agree to comply with the pro- of my duties, and I am familiar with and accept	y accept the appointment as registered a visions of all statutes relating to the prop	gent and agree to act in this per and complete performance
Muchael Registered Agent	yuen s Signature (REQUIRED)	i Si
. (CON	NTINUED)	5 JAN -5 AM ECRETARY OF LLAHASSEE, F

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"MGR"	Elizabeth Yuen
•	4932 S.W. 151st Avenue
•	Davie, FL 33331
"MGR"	Mighael Vuen
WIGH	Michael Yuen 4932 S.W. 151st Avenue
	Davie, FL 33331
•	
/T1 1 . 'C . \	
ective date iş listed, the date must of filing.)	ne date of filing:
E V: Effective date, if other than the ctive date is listed, the date must of filing.)	ne date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90 days.
E V: Effective date, if other than the ctive date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sect)	f a member or an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the ection of	f a member or an authorized representative of a member. ion 605.0203 (1) (b). Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ective date is listed, the date must of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the ection of	f a member or an authorized representative of a member. ion 605.0203 (1) (b). Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-