

L15000067418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

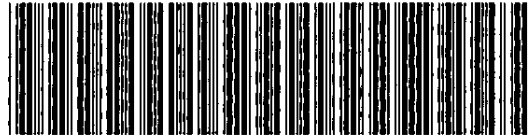
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15 APR 16 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

68821-510

APR 17 2015  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Yhap-Serrano Enterprise  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce B. Yhap and Zaira E. Yhap-Serrano  
Name of Person

Yhap-Serrano Enterprise  
Firm/Company

9804 Ocasta Street  
Address

Riverview, FL 33569  
City/State and Zip Code

bruceandzairayhap@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce B. Yhap at ( 813 ) 6790221  
Name of Person Area Code Daytime Telephone 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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2015

BRUCE B YHAP AND ZAIRA E YHAP-SERRANO  
9804 OCASTA ST  
RIVERVIEW, FL 33569 US

SUBJECT: YHAP-SERRANO ENTERPRISE LLC  
Ref. Number: W15000016282

15 APR 16 AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for YHAP-SERRANO ENTERPRISE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You can only list 1 person as your registered agent. Please remove either Bruce B Yhap or Zaira E Yhap-Serrano, as the person remaining must be the person that signs.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 115A00006406



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2015

BRUCE B YHAP AND ZAIRA E YHAP-SERRANO  
9804 OCASTA ST  
RIVERVIEW, FL 33569 US

SUBJECT: YHAP-SERRANO ENTERPRISE LLC  
Ref. Number: W15000016282

We have received your document for YHAP-SERRANO ENTERPRISE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

You can only list 1 person as your registered agent. Please remove either Bruce B Yhap or Zaira E Yhap-Serrano, as the person remaining must be the person that signs.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 415A00004651

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Yhap-Serrano Enterprise LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

9804 Ocasta Street  
Riverview, FL 33569

9804 Ocasta Street  
Riverview, FL 33569

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Bruce B. Yhap

\_\_\_\_\_  
Name

9804 Ocasta Street

Florida street address (P.O. Box **NOT** acceptable)

Riverview

\_\_\_\_\_  
City

FL 33569

\_\_\_\_\_  
Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR 16 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Bruce B. Yhap *MGR*

*MGR*

**Name and Address:**

9804 Ocasta Street

Riverview, FL 33569

Zaira Yhap-Serrano *MGR*

9804 Ocasta Street

Riverview, FL 33569

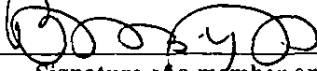
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Bruce B. Yhap

Typed or printed name of signer

**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)**

**FILED**  
15 APR 16 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA