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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: <u>YEBCOM Consulting LLC</u> Name of Lir	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Oliver O. M. III		
Clive O. Mullings	Name of Person	
	,	
YEBCOM Consulting LLC	Firm/Company	
4135 SW 196th Way	11	
	Address	
Miramar, FL 33029		
C	City/State and Zip Code	
Clivemullings@gmail.com E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, plea	ase call	
8 , , ,		
	201) 314-6733	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 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 enclose	:d)
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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		:	
YEBCOM Consulting LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal	·		
Principal Office Address:	Mailing Address:	÷	
4135 SW 186th Way Miramar FL 33029	4135 SW 186th Way Miramar FL 33029	- - ·	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registrate. The name and the Florida street address of the register. Yvette Mullings	wn Registered Agent. You must designate an indivision.) red agent are:	APR -6	-
Nar	me	AH II: 19	.]
4135 SW 186th Way	·		
Florida street address (P.O. B	Box NOT acceptable)	<u></u> 2	
Miramar	FL 33029		
City	Zip	·	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the characteristics.	cept the appointment as registered agent and agree ns of all statutes relating to the proper and complet obligations of my position as registered agent as prapter 605, F.S	to act in this te performance	

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Clive O. Mullings
	4135 SW 186th Way
	Miramar FL 33029
	· · · · · · · · · · · · · · · · · · ·
	·
	•
(Use attachment if necessary)	
	e of filing: (OPTIONAL)
of filing.)	pecific and cannot be more than five business days prior to or 90
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REQUIRED SIGNATURE: Signature of a m (In accordance with section 60 constitutes an affirmation und	tember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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