

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SERVICE FAIR OF STRUCK
MALEXHASSES, FLORIDA

COVER LETTER

TO:

	tration Section ion of Corporations		
SUBJECT: _	YDO MARINE Name of Lin	SERVICES, LL nited Liability Company	. C
The enclosed A	Articles of Organization and fee(s) a	re submitted for filing.	
Please return a	ll correspondence concerning this m	natter to the following:	
	YAVUZ YAV	Name of Person	
_		SERVICES, LLC Firm/Company	-
_	17272 ORAA	Address	
_	YAVUZER 87 DE-mail address: (to be use	Eity/State and Zip Code	0
	E-mail address: (to be use ormation concerning this matter, ple		on)
YAVYZ	Name of Person	2-2-8) 2-54-C Area Code Daytime Telep	obone Number
Enclosed is a c	heck for the following amount:		
□ \$125.00 Filing	Fee □\$130.00 Filing Fee & Certificate of Status	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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns ARASSET

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - ! The name of the	Name: E Limited Liability Company is:	•			
YD0	MARINE SERVICE (Must end with the words "Limited	Liability Company, "L.L.C.,"	or "LLC.")		
ARTICLE II - The mailing add					
Principal Offic	e Address:	Mailing Address:			
17272 Loxone	orange buyd Tchee, FL 33470	17272 OR LOXANATURES	ANG - BL	VO	
(The Limited Li	- Registered Agent, Registered Office, & ability Company cannot serve as its own less entity with an active Florida registration	Registered Agent. You must		dual or	
The name and the	he Florida street address of the registered	agent are:			
	YAVUZ YAVI	NEL			
		NOT acceptable)	-		
	LOXAHATCHES City	- FL 33470 Zip	-		
the place de capacity. I fu	amed as registered agent and to accept ser signated in this certificate, I hereby accept rther agree to comply with the provisions o and I am familiar withland accept the obl Chapt	the appointment as registered of all statutes relating to the pi	d agent and agree to roper and complete	o act in perfori	this mance
	Registered Agent's Signat	ure (REQUIRED)		জ	
	(CONTINUI	E D)	研 を 発表 エロ	APR	~, • 24
	Page 1 of 2		SSEE FLO	2 第 2	gradal

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMDR	YAVUZ YAVUZER 17272 ORANGE BLVD.
	17172 ORANGE DLVD.
	LOXANATCHEE. FL 33470
Tise attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the datective date is listed, the date must be s f filing.)	
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date extive date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation undigenerate and any false info	
E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	nember or an authorized representative of a member. 305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 305.0203 to the execution of this document der the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	nember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) 1 YAVULE A AMBA Typed or printed name of Signee
Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo YAVD \$125.00 Filing Fee for Articles of O	nember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In a provided for in a document to the Department of State only as provided for in s.817.155, F.S.) 1 YAVIEL AMBR Typed or printed name of Signee Filing Fees: rganization and Designation of Registered Agent
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