## LISOO OOF4FLS

(R	Requestor's Name)
(A	ddress)
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(0	City/State/Zip/Phone #)
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(B	Business Entity Name)
(D	Occument Number)
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1 CHANGES MAY 1 4 2015

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Mailing Address

P.O. Box 6327

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: Pinghe Droferty L. L. C.  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:
YIRIAN DONG
Name of Person
Firm/Company
6106 Jameson Cir
Address
Pace, FL, 32571
City/State and Zip Code  Clong Yi gi an Dot mai'l - Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YIRIAN DOM at 850, 2929921
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee.
Certificate of Status Certified Copy Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)

Street Address

Clifton Building

Registration Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Pinghe VD Proberty L. L. C (Mustend with the words "Limited Liability Company) IL.C.," or "LLC.")	<u></u>
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  6106 June 101 Glob June 1  Pace, FZ, 3257  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 individuanother business entity with an active Florida registration.)	257
The name and the Florida street address of the registered agent are:  YANDONG  Name  6106 Jameson W. Pace  Florida street address (P.O. Box NOT acceptable)  FL, 3257  City State Zip  Idaving been named as registered agent and to accept service of process for the above stated limited liability coolace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this in the agree to comply with the provisions of all statutes relating to the proper and complete performance of man familiar with and accept the obligations of any position as registered agent as provided for in Chapter 605, in	capacity. I ny duties, and I
Registered Agent's Signature (BEQUIRED)	
(CONTINUED)  Page 1 of 2	15 MAY -8 F
	MAY -8 PH 3: 05 REJARTED STATE AHASSELT LURIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	YIRIAN DONG
	6106 Jameson Car
MGR	
<del></del>	Pace, FL, 32571
ı	
(Llaw ottoch mont if monage )	
(Use attachment if necessary)	•
LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.) If the date inserted in this block does not	te of filing:
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ARTICLE IV-