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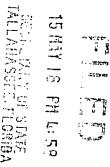
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2 Company (19 2015)

Andrew Tretter 1204 S. 8<sup>th</sup> St. Leesburg, FI 34748 (404)462-0806 Yard\_Hoppers@aol.com 4/29/2015 To whom it may concern: The following are Articles of Organization regarding YARD HOPPERS LLC. Please feel free to contact me with any questions. Thank you. Andrew Tretter

*j* •

## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJE	ECT: YARD HOPPERS LLC  Name of Lii	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Andrew Tretter	Name of Person	
		Name of Person	
		Firm/Company	
	1204 S. 8th Street	Address	
	Leesburg, FL 34748	City/State and Zip Code	
_Yi	ard_Hoppers@aol.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Andre</u>	ew Tretter at ( at (	407 ) 462-0806 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Adding Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
YARD HOPPERS LLC		<del></del>	
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Con	npany is:	
Principal Office Address:	Mailing Address:		
1204 S 8th Street	1204 S 8th Street		
Leesburg	Leesburg		
FL, 34748	FL, 34748		
Andrew Tretter  N  1204 S 8th Street  Florida street address (P.O.	Name Box NOT acceptable)	5 MAY 18 PM	distribute of the second
			स्थानम् द्वारक्षासम्
<u>Leesburg</u> City	FL 34748 Zip		"And a make"
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	accept the appointment as registered as	gent and agree to act in t	his ance

Page 1 of 2

(CONTINUED)

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	Andrew Tretter
	1204 S 8th St.
	Leesburg, FL 34748
AMBR	Karina Perez
	1477 Apopka Blvd
	Apopka FI, 32703
	<u>}</u>
	्री अर्थे अर्थे
	12.
	1*1 -
Use attachment if necessary)	
V: Effective date, if other than the date ctive date is listed, the date must be spe	
EV: Effective date, if other than the date ctive date is listed, the date must be spef filing.)	of filing: (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:  MJW (J. W.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	of filing: (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a me (In accordance with section 60 constitutes an affirmation unde 1 am aware that any false infort constitutes a third degree felon	mber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State