## L15000153180

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





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## COVER LETTER

	egistration Section ivision of Corporations			
CHUICT	T. R. YOLI CONSULTING, L.L.C	<b>:</b> .		
SUBJECT		Limited Liabilit	y Company	
The enclose	ed Articles of Organization and fee(s)	are submitted t	for filing.	
Please retu	rn all correspondence concerning this	matter to the fo	llowing:	
	THOMAS R. YOLI			
		Name of I	Person	
	T. R. YOLI CONSULTING, L.L.C.			
		Firm/Cor	npany	
	801 NE 72ND STREET			
		Addre	SS	<u> </u>
	MIAMI, FL 33138-5727			
	tyoli@att.net	City/State and	Zip Code	
-	E-mail address: (to be us	ed for future ar	nnual report notification)	
For further in	nformation concerning this matter, ple	ase call:		
	THOMAS R. YOLI	305	778-8284	
	Name of Person	Area Code	Daytime Telephone Nui	mber
Enclosed is	s a check for the following amount:			
<b>]</b> \$125.00 Fi	lling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	d Copy I copy is enclosed)	160.00 Filing Fee. Certificate of Status & Certified Copy ditional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	
	Division of Corporations	1	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Cir	cle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

T. R. YOLI CONSULTING, L.L.C.	22222
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address: The mailing address and street address of the principal  Principal Office Address:	l office of the Limited Liability Company is:  Mailing Address:
he mailing address and street address of the principal	

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

THOMAS R. YOLI		
	Name	
801 NE 72ND STRI	EET	
Florida street addres	s (P.O. Box NOT accept	otable)
МІАМІ	FLORIDA	33138-572
City	State	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 Signatur (REQUIRED)

> > (CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	THOMAS B VOLE
AMBR	THOMAS R. YOLI 801 NE 72ND STREET
	MIAMI, FLORIDA 33138-5727
	WILLIAM, TEOLIDA COCTOO CAE
MGR	THOMAS R. YOLI
-	801 NE 72ND STREET
	MIAMI, FLORIDA 33138-5727
	<del></del>
(Use attachment if necessary)	
CLE V: Effective date, if other than the d	ate of filing:
CLE V: Effective date, if other than the d	ate of filing:
CLE V: Effective date, if other than the d ffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 d
LE V: Effective date, if other than the d ffective date is listed, the date must be e of filing.) If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 do to the meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not cument's effective date on the Department of the	ot meet the applicable statutory filing requirements, this date will not lent of State's records.  member or an authorized representative of a member, excuted in accordance with section 605,0203 (1) (b). Florida Statutes.
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.)  If the date inserted in this block does not cument's effective date on the Department of the	specific and cannot be more than five business days prior to or 90 continuents the applicable statutory filing requirements, this date will not lead of State's records.
LE V: Effective date, if other than the d ffective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Departme LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exe I am aware that any fi	member or an authorized representative of a member.  couted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155. F.S.

**ARTICLE IV-**

Page 2 of 2

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)

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