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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
9	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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MAR 2 2018

S. GILBERT

COVER LETTER

TO:	Registration Section Division of Corporations
	Yeah Fire, LLC
SUBJ	Name of Limited Liability Company
The er	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ruston Head
	Name of Person
	Firm/Company
	2214 Harper St.
	Address
	Tampa, Fl 33605
	City/State and Zip Code yeahfireycah@gmail.com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Ruston Head 323 350-3236
	Name of Person Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
\$125.	00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name:			
e name of the Limited Liabili	ty Company is:		in the second se
,			16 MAR / / PM
Yeah Fire, LLC	7.1 .1 1 1 1 1 1 1 7 1 1 1 1 1		PM
(Must end	with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	Allan 3
RTICLE II - Address:			ALLAH SSELTE
e mailing address and street a	iddress of the principal offi	ce of the Limited Liability Company is:	
<u>Princir</u>	oal Office Address:	Mailing Ac	ldress:
2214 Harper St.		2214 Harper St.	
Tampa, Fl 33605		Tampa, Fl 33605	
			 _
e name and the Florida street	Ruston Head	gent are:	
		Name	•
	2214 Harper St.		
	·····	P.O. Box NOT acceptable)	
	Tampa, Fl 33605		
	City	State Zip	•
ce designated in this certificate her agree to comply with the p	e, I hereby accept the appoin provisions of all statutes rela	of process for the above stated limited limitent as registered agent and agree to a string to the proper and complete perform registered agent as provided for in Chap	act in this capacity. I nance of my duties, and I
	_	ed Agent's Signature (REQUIRED)	_
		(CONTINUED)	
		Page 1 of 2	

Title: "AMBR" = Authorized	Name and Address:
"MGR" = Manager	viember
Width Wianager	
AMBR	Brandon Windish
	2705 N Morgan St.
	Tampa, Fl 33602
AMBR	Jeff Darland
	3014 N Jefferson St.
	Tampa, F1 33603
AMDD	Duston Hand
AMBR	Ruston Head 2214 Harper St.
	Tampa, FI 33605
EV: Effective date, if o ective date is listed, the of filing.) the date inserted in this	her than the date of filing: (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if of ective date is listed, the of filing.) the date inserted in this ment's effective date on	ther than the date of filing:
E V: Effective date, if of ective date is listed, the of filing.) the date inserted in this ment's effective date on	ther than the date of filing:
E V: Effective date, if of ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	ther than the date of filing:
E V: Effective date, if of ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	ther than the date of filing:
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E V: Effective date, if o ective date is listed, the of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av	her than the date of filing:

ARTICLE IV-

Page 2 of 2