L16000 114489

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



400286684614

06/10/16--01018--008 **130.00

16 JUN 10 AM 10: 37 SECRETARY OF STATE

144

COVER LETTER

TO:	Registration Section Division of Corporations
cub ir	Yellow Mentality
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Menachem M Dubov
	Name of Person
	Yellow Mentality
	Firm/Company
	708 Lake Howell Rd
	Address
	Maitland Fl, 32751
	City/State and Zip Code Dubov23@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Mendy Dubov 407 435-4559 at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	l is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \times \text{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{\$Certified Copy (additional copy is enclosed)} \ \$Certified Copy (addit
	Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				FILED
The name of the Limited Liabil	ity Company is:			16 JUN 10 AH 10: 37
Yellow Mentality L	LC			SECRETARY OF STATE TALLAHASSEE FLORIDA
(Must end	with the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	HALLAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street a	address of the principal c	office of the Limited L	iability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Add	lress:
	Howell Rd		ake Howell Rd	
Maitland FL, 32751		Maitla	and FI, 32751	
The name and the Florida street		d agent are: Name		
	708 Lake Howell Ro	l		
	Florida street addres			
	Maitland	Florida	32751	
	City	State	Zip	
	3		-	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:		n authorized to manage and control the Limited Liability Company: Name and Address:	AM IC
	thorized Member		
"MGR" = Mar AMBR		SECRETAR Menachem M Dubov TALL AHASS	YOFS
AMBR		Menachem M Dubov FACL ARASS 708 Lake Howell Rd	— —
		Maitland FL, 32751	_
			_
			_
		**************************************	-
			_
			_
			_
			
			_
			_
		<u> </u>	_
ffective date is li e of filing.)	date, if other than the c	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or	•
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective	date, if other than the c sted, the date must be ed in this block does no e date on the Departme	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will requirements.	•
CLE V: Effective ffective date is li e of filing.) If the date inserte	date, if other than the c sted, the date must be ed in this block does no e date on the Departme	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will requirements.	·
CLE V: Effective ffective date is li e of filing.) If the date inserte cument's effective	date, if other than the cested, the date must be ed in this block does not ed date on the Department ovisions, if any.	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will requirements.	•
CLE V: Effective ffective date is li e of filling.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the cested, the date must be ed in this block does not be date on the Department ovisions, if any.	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will rent of State's records.	•
CLE V: Effective ffective date is li e of filling.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the costed, the date must be ed in this block does not ed date on the Department ovisions, if any. Signature of a This document is excited am aware that any for steel and the cost of the co	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will rent of State's records. In member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statute calse information submitted in a document to the Department of States.	not be lis
CLE V: Effective ffective date is li e of filling.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the costed, the date must be ed in this block does not ed date on the Department ovisions, if any. Signature of a This document is exelled a maware that any for constitutes a third department.	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will rent of State's records. I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statute alse information submitted in a document to the Department of Statute alse felony as provided for in s.817.155, F.S.	not be lis
CLE V: Effective ffective date is li e of filling.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the costed, the date must be ed in this block does not ed date on the Department ovisions, if any. Signature of a This document is excited am aware that any for steel and the cost of the co	ot meet the applicable statutory filing requirements, this date will rent of State's records. In member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statute raise information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	not be lis
CLE V: Effective ffective date is li e of filling.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the costed, the date must be ed in this block does not ed date on the Department ovisions, if any. Signature of a This document is exelled a maware that any for constitutes a third department.	e specific and cannot be more than five business days prior to or ot meet the applicable statutory filing requirements, this date will rent of State's records. I member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statute alse information submitted in a document to the Department of Statute alse felony as provided for in s.817.155, F.S.	not be lis