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COVER LETTER

TO: Registration Section

Di	vision of Corporations		
SUBJECT	Youngford Holdings, LLC		
SUBJECT	Name of I	Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retur	n all correspondence concerning this	matter to the fe	ollowing:
	Alexandre Mestdagh		
		Name of	Person
	Mestdagh & Wall, PA		
		Firm/Co	прапу
	541 S. Orlando Ave, Ste 203		
		Addre	ess
	Maitland, FL 32751		
a	ılex@m-wlawfirm.com	City/State and	1 Zip Code
_	E-mail address: (to be us	sed for future a	nnual report notification)
For further in	formation concerning this matter, ple	ase call:	
	Alexandre Mestdagh	407	702-6702
_	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	\$160.00 Filing Fee, Certificate of Status & 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

(Must end ARTICLE II - Address: The mailing address and street a	l with the words "Limited	d Liability Company	, "L.L.C.," or "LLC.")	
	address of the principal o	office of the Limited	Liability Company is:	
<u>Princir</u>	pal Office Address:		Mailing Address:	
2848 Youngford Str Orlando, FL 32824	reet		3 Atherton Drive ndo, FL 32824	
The name and the Florida street	active Florida registration address of the registeres		You must designate an individ	
The name and the Florida street	•	d agent are:		STATE THE CA
The name and the Florida street	t address of the registere	d agent are: A. Name		STATE OF STA
The name and the Florida street	t address of the registered Mestdagh & Wall, F	d agent are: 2.A. Name , Ste 203		AND ANALYSIS OF THE STATE OF TH
The name and the Florida street	t address of the registered Mestdagh & Wall, F	d agent are: 2.A. Name , Ste 203		ALLABASSEE OF COMME

(CONTINUED)

Page 1 of 2

<u>Citle:</u>	Name and Address:	
AMBR" = Authorized Member MGR" = Manager		
MGR	Connie Zhao	
	2803 Atherton Drive	
	Orlando, FL 32824	

		······································
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing: November 1, 2016 (OPTION pecific and cannot be more than five business days prio	r to or 90 (
ctive date is listed, the date must be spriling.) the date inserted in this block does not tent's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this dat t of State's records.	er to or 90 o
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