L17000017821

(Requestor's Name)		
(Address)		
(Address)		
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





100294686251

2011 JAH 24 ATTH: 38



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/24/16

NAME:

YOUNG BY THE WAY ENTERTAINMENT LLC

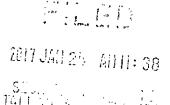
TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

YOUNG BY THE WAY ENTERTAINMENT LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

4012 NW 36TH STREET

GAINESVILLE, FLORIDA 32605

ARTICLE III REGISTERED AGENT

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

THOMAS YOUNG

4012 NW 36TH STREET

GAINESVILLE, FLORIDA 32605

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.

THOMAS YOUNG / Registered Agent's signature

PAGE 2 YOUNG BY THE WAY ENTERTAINMENT LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
THOMAS YOUNG
4012 NW 36TH STREET
GAINESVILLE, FLORIDA 32605

THOMAS YOUNG Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)