Florida Department of State
Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000038845 3)))



H170000388453ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Corporations Fax Number : (850)617-6381	17 H
From:	Account Name : LEGALZOOM.COM INC.	
		mn O in
	Account Number : I20010000062	111
	Phone : (323)962-8600	21 (T)
	Mary Mary Law (2007) and 2000	1,,

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## You Serve A Purpose, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$125.00

N. SAMS

FEB 1 3 2017

Electronic Filing Menu

Corporate Filing Menu

Help

I, Khalill Virgo hereby release my name You Serve A Purpose "Incorporated" to Legalzoom and give them full authorization to file the entity on my behalf, as I will not be reinstating the dissolved business and have no intention of revoking the dissolution.

Signed,

Khalill Virgo

## **Certified Notary Only**

STATE OF Florida COUNTY OF OTON

In Chando, on the 8 day of Relatery, 2017, before me, a Notary Public in and for the above state and county, personally appeared Relater R. Vico, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

(by: 7LD\_ 1620-516-45-388-0

Notary Signature/Stamp

SIMONA LOH
Noticy Public - Stale of Florida
Commission & GG 055029
My Comm. Expires Dec 13, 2020
Bonded through National Motary Assa.

	COVER LETTER
	gistration Section vision of Corporations
SUBJECT:	You Serve A Purpose, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Cheyenne Moseley
-	Name of Person
	Legalzoom.com, Inc.
•	Firm/Company
	101 N. Brand Blvd., 10th Floor
-	Address
	Glendale, CA 91203
•	City/State and Zip Code
0	nlinefilings@legalzoom.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
(	Cheyenne Moseley 323 962-8600 ext. 7625
	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 Certified Copy (additional copy is enclosed) 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

			LIABILITY COMPANY
ARTICLES	OF ORGANIZATION FOR	RFLORIDA LIMITED	LIABILITY COMPANY FEB 10 AM 10: 44
ARTICLE 1 - Name;			17 FEB 10 AM 10: 1
The name of the Limited Liab	ility Company is:		State - 24
			SMORETAN TALLAHAGEEE FLOMBA
You Serve A Purp	ose, LLC		"一一、产品包料 <b>是</b> 类
(Must en	d with the words "Limite	d Liability Company,	,"L.L.C.," or "LLC.")
ARTICLE II - Address:			,
The mailing address and street	address of the principal	office of the Limited	Liability Company is:
Princ	inal Office Address:		Mailing Address:
4511 Silver Knigh	t Way		
101C			
Orlando, FL 3281	<i>I</i>	<del></del>	
(The Limited Liability Compa another business entity with a The name and the Florida stre	n active Florida registrati	on.)	ou must designate an individual or
	United States Corpo	oration Agents Inc	
	Office Balles Corp.	Name	
	13302 Winding Oal	k Court. Suite A	
		ss (P.O. Box NOT ac	eceptable)
	Tampa	FL	33612
	City	State	Zip
Having hoon named as registers	d agent and to accent com	vice of process for the	above stated limited liability company at the
			adove stated timited tability company at the address 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 l
am familiar with and accept the	obligations of my position	n as regissered agent a	is provided for in Chapter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized		and Address:	
"MGR" = Manager	<b>₽</b> 25121	II Vinna	
AMBR		ll Virgo Silver Knight Way, 101C	
	Orlan	do, FL 32817	- <u>-</u>
	<del></del>		
		<del></del>	<del></del>
(Use attachment if nece EV: Effective date, if c lective date is listed, the	sary) her than the date of filing:date must be specific and canno	t be more than five business d	OPTIONAL) lays prior to or 90 (
EV: Effective date, if a fective date is listed, the of filing.) If the date inserted in this	her than the date of filing:	t be more than five business d le statutory filing requirements	lays prior to or 90 o
EV: Effective date, if a fective date is listed, the of filing.) If the date inserted in this	ther than the date of filing:  date must be specific and cannot block does not meet the applicab the Department of State's records	t be more than five business d le statutory filing requirements	lays prior to or 90 o
EV: Effective date, if a fective date is listed, the of filing.) If the date inserted in this ament's effective date or	ther than the date of filing:date must be specific and canno block does not meet the applicab the Department of State's record: f any.	t be more than five business d le statutory filing requirements s.	lays prior to or 90 o
EV: Effective date, if a fective date is listed, the of filing.) If the date inserted in this ament's effective date or EVI: Other provisions,	ther than the date of filing:date must be specific and canno block does not meet the applicab the Department of State's record: f any.	t be more than five business d le statutory filing requirements s.	lays prior to or 90 o
EV: Effective date, if c fective date is listed, the of filling.) I the date inserted in this ment's effective date or .EVI: Other provisions,  REOURED SIGNAT	ther than the date of filing:date must be specific and canno block does not meet the applicabethe Department of State's records frany.	t be more than five business dele statutory filing requirements.  horized representative of a magnitude section 605.0203 (1) (b) mitted in a document to the Demitted in a document to the	lays prior to or 90 or s, this date will not be s, this date will not be s, this date will not be s.
EV: Effective date, if c rective date is listed, the of filing.) I the date inserted in this ment's effective date or .E VI: Other provisions,  REOURED SIGNAT  S This do l am a constitu	ther than the date of filing:  date must be specific and cannot block does not meet the applicabe the Department of State's record fany.  URE:  gnature of a member or an authorizent is executed in accordance are that any false information sub	t be more than five business dele statutory filing requirements.  horized representative of a magnitude of a magnitude of the Delection of the	lays prior to or 90 or s, this date will not be s, this date will not be s, this date will not be s.
EV: Effective date, if c ective date is listed, the of filing.) The date inserted in this ment's effective date or EVI: Other provisions,  REOURED SIGNAT  S This do I am an constitute	ther than the date of filing:date must be specific and canno block does not meet the applicabe the Department of State's records of any.  URE:	t be more than five business dele statutory filing requirements.  horized representative of a magnitude of a magnitude of the Delection of the	lays prior to or 90 or s, this date will not be s, this date will not be s, this date will not be s.