3052201440

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.

(((H18000022116 3)))



H180000221183ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				0
	Division of Corporations		1 + ¹ .	JA.
	Fax Number			~ =
From:				သ
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		70
	Account Number	: I20000000019		
	Phone	: (305)552-5973		ري
	Fax Number	: (305)675-5944		<u>r-</u>
				1/3
**Enter t ann	he email addres µal report maili Ll Address:	s for this business entity to be used for ings. Enter only one email address please.	future **	
	⊥ Address:			
Egat		· · · · · · · · · · · · · · · · · · ·		

FLORIDA LIMITED LIABILITY CO. YAO PARTNERS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

TICLES PR

ARTICLE I - Name: The hame of the Lie Is	ယ္
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company is: (Must end with the words "Limited Liability Company is:	ع. فورانه
- Yao Partners GROUP LLC	_
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabil Company is: 60 E 49 St Hialent JT, FL, 33013	
ARTICLE III - Registered Agent. Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liab Company cannot serve as its own Registered Agent. You must designate an individual or another business ewith an active Florida registration.) ANGEL LUIS ALOMA	xility mtity
690 € 49 ST	
HIALEAH FL 33013	
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: OMAE Ortega (AMBR Angel Luis Aloma (AMBR Ganet Moreno (AMBR)	

Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

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.

Typed or printed name of signee

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, R.S..

Registered Agent's Signature (REQUIRED)