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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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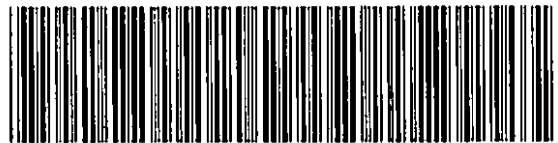
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL



D O'KEEFE


MAY - 4 2018

YESHUA GROUP Inc.
Angel Moncada
1270 SW Albenga Ave
Port St Lucie, FL 34953
863-532-5499

Thursday, March 22, 2018

My name is Angel Moncada Owner of YESHUA GROUP Inc. We recently dissolved YESHUA GROUP Inc in error and we are not going to reinstate that company name, but we are the same company looking to file for a LLC named YESHUA GROUP LLC as a Joint Venture instead of a S-Corporation with EIN number. If you may have any questions please call me at 863-532-5499 or email me at angel.moncada@yeshuagroup.com.

Thank you and God bless you.


Sincerely

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FALLAH ASSIE, IL
SECRETARY



COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Yeshua Group LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel Moncada
Name of Person

Firm/Company

1270 SW Albenga Ave
Address

Port St Lucie, FL 34953
City/State and Zip Code

angel.moncada@Yeshua Group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Moncada at (863) 532 5499
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YESHUA Group LLC

(Must contain the words "Limited 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:

Principal Office Address:

1270 SW Albemarle Ave
Port St Lucie, FL 34953

Mailing Address:

1270 SW Albemarle Ave
Port St Lucie, FL 34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Angel Moncada

Name

1270 SW Albemarle Ave

Florida street address (P.O. Box **NOT** acceptable)

Port St Lucie, FL 34953

City

State

Zip

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.

Angel A Moncada

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

Angel Moncada
1270 SW Albenga Ave
Port St Lucie, FL 34953

Tanya Moncada
1270 SW Albenga Ave
Port St Lucie, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Angel C Moncada

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Angel Moncada

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

