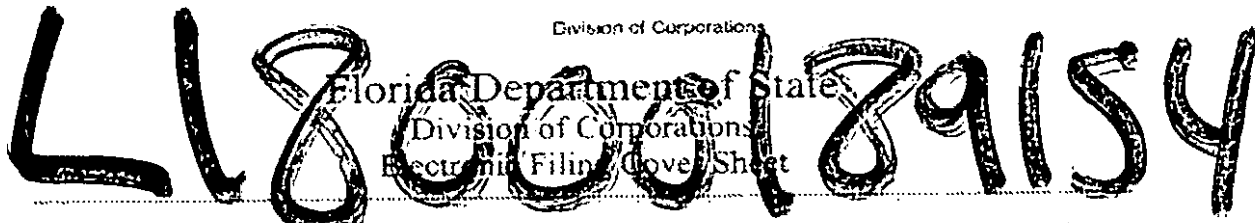


8/7/2018



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.

(((H18000230003 3)))



H180002300033A.BCR

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

From: Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
Fax Number : (305)774-9660

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

Email Address: YLM @ YLM Distributor . com

FILED
18 AUG -7 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
YLM DISTRIBUTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2018 AUG -7 PM 2:43

FLORIDA
DIVISION OF
CORPORATION SERVICES

AUG 08 2018
C Kinsey

Electronic Filing Menu

Corporate Filing Menu

Help

H18000230003

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
YLM DISTRIBUTORS, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

YLM DISTRIBUTORS, LLC

ARTICLE II - ADDRESS:

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

**801 Brickell Key Blvd, Apt 3012
Miami, FL 33131**

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



**Yadira Lora De Molina
801 Brickell Key Blvd, Apt 3012
Miami, FL 33131**

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.

H18000230003


FILED
18 AUG - 7 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H18000230003

ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGRM	Antonio Molina Cruz 801 Brickell Key Blvd, Apt 3012 Miami, FL 33131
MGRM	Yadira Lora De Molina 801 Brickell Key Blvd, Apt 3012 Miami, FL 33131



Yadira Lora De Molina
801 Brickell Key Blvd, Apt 3012
Miami, FL 33131

(In accordance with section 605.0201, Florida Statutes,
The execution of this document constitutes an affirmation under
The penalties of perjury that the facts stated herein are true)

H18000230003