

L18000283867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

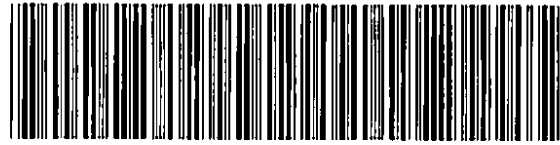
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

M MOON

DEC 0 2018



400321048264

FILED  
18 DEC -5 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTED BY  
TALLAHASSEE, FLORIDA  
DEC 05 2018

W18-105395

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 515234 7569274

AUTHORIZATION :

COST LIMIT : \$ 125.00

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18 DEC -5 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

ORDER DATE : December 5, 2018

ORDER TIME : 2:25 PM

ORDER NO. : 515234-005

CUSTOMER NO: 7569274

DOMESTIC FILING

NAME: YCF INVESTORS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## SNIDER &amp; WEINSTEIN PLLC

2000 Massachusetts Avenue NW, Suite 200  
Washington, D.C. 20036  
(202) 293-9400 (telephone) • (202) 293-9401 (facsimile)

BRIAN P. DONEGAN  
(202) 293-9627  
brian.donegan@sniderweinstein.com

December 6, 2018

By Facsimile to: 850.245.6804

Mr. Matthew Moon  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

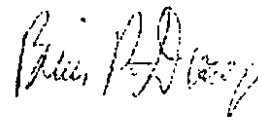
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18 DEC -5 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Document W18000105395  
YCE Investors LLC

Dear Mr. Moon:

In connection with the above referenced Document W18000105395, I understand that the filing was rejected because of a lack of name availability. This is a case where although we voluntarily dissolved the company on November 21, 2018 under Document L17000190108, the desire and intent of the Company is actually to continue its business and therefore the new filing was made under Document W18000105395. After a phone call to the Division of Corporations, we were instructed to fax you this letter and to state that the Company will not revoke the dissolution under the earlier document in order for the name to be available for Document W18000105395. We appreciate your assistance in completing this filing for the Company. ~~Thank you and please contact me with any questions.~~

Very truly yours,



Brian P. Donegan  
Attorney for YCE Investors LLC

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: YCF Investors 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:

Adam Cohen

Name of Person

YCF Group LLC

Firm/Company

22980 Indian Creek Drive, Suite 200

Address

Dulles, VA 20166

City/State and Zip Code

acohen@ycfgroup.com

E-mail address: (to be used for future annual report notification)

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18 DEC -5 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brian Donegan

202

293-9627

at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YCF Investors 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:

c/o Danielle Cohen

495 Brickell Avenue, Apt. 1203

Miami, FL 33131

Mailing Address:

c/o Danielle Cohen

495 Brickell Avenue, Apt. 1203

Miami, FL 33131

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.

Corporation Service Company

By Emily Croft

Registered Agent's Signature (REQUIRED)

Emily Croft  
Asst. Vice President

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 DEC -5 AM 11:50

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Adam Cohen

c/o Donielle Cohen

495 Brickell Ave. Apt. 1203, Miami, FL 33131

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

FILED  
18 DEC -5 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: November 30, 2018. (OPTIONAL):

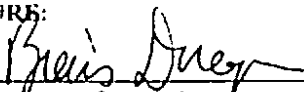
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



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.

Brian Donegan, authorized person

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)