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.

(((H19000127063 3)))



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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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.

promise and the company of the compa

YFI, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 9 2019

T. W. J. I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

YFI, LLC				
(Must	contain the words "Limited L	iability Company, '	L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and str	reet address of the principal of	ffice of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
521 Lake Drive				
Delray Beach, FL	33444			
he name and the Florida s	th an active Florida registrationstreet address of the registered			
he name and the Florida s				
he name and the Florida s	street address of the registered	agent are:	- 	
he name and the Florida s	Street address of the registered Aaron Younger	agent are:	ceptable)	
he name and the Florida s	Aaron Younger 521 Lake Drive	agent are:	ceptable)	
	Aaron Younger 521 Lake Drive Florida street address Eeray Beach City	Name S (P.O. Hox NOT as FL State	33444 Zip	
aving been named as regis ace designated in this certi rther agree to comply with	Aaron Younger 521 Lake Drive Florida street address Eetray Beach City tered agent and to accept servi ficate. I hereby accept the appet the provisions of all statutes re	Name S (P.O. Hox NOT ac FL State State State of process for the ointment as registere elating to the proper	33444	acity uies,
aving been named as regis ace designated in this certi rther agree to comply with	Aaron Younger 521 Lake Drive Florida street address Eetray Beach City tered agent and to accept servi ficate. I hereby accept the appet the provisions of all statutes re	Name S (P.O. Hox NOT ac FL State State State of process for the ointment as registere elating to the proper	2ip above stated limited liability compa d agent and agree to act in this cape and complete performance of my du	acity. ities,

(CONTINUED)

2019 APR 18 AM 9: 04

	Authorized Member	Name and Address:
"MGR" = M AMBR	anager	Younger Family Investments, LLC
		521 Lake Drive
		Defray Beach, FL 33444
		
		
		
	·	
CLE V: Effecti effective date is	nent if necessary) we date, if other than the date of listed, the date must be speci	filing: April 12, 2019 (OPTIONAL) fic and cannot be more than five business days prior to or 90 day
CLE V: Effective date is te of filing.) If the date inse	ve date, if other than the date of listed, the date must be speci	fic and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
CLE V: Effective date is to of filling.) If the date insecument's effective	we date, if other than the date of listed, the date must be speci creed in this block does not mee	fic and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
CLE V: Effective date is the of filling.) If the date inscreament's effective CLE VI: Other	we date, if other than the date of listed, the date must be speci- erted in this block does not medicate on the Department of	fic and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
CLE V: Effective date is the of filling.) If the date inscreament's effective CLE VI: Other	we date, if other than the date of listed, the date must be speciented in this block does not medive date on the Department of provisions, if any. 2 SIGNATURE:	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be 1 State's records.
CLE V: Effective date is te of filing.) If the date insocument's effect CLE VI: Other	ve date, if other than the date of listed, the date must be speciented in this block does not merive date on the Department of provisions, if any. Signature of a memitant date of a memitant document is executed it am aware that any false in	fic and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be l
CLE V: Effective date is te of filing.) If the date insocument's effect CLE VI: Other	see date, if other than the date of listed, the date must be speciented in this block does not medive date on the Department of provisions, if any. Signature of a memitain document is executed I am aware that any false in constitutes a third degree for Aaron Younger	the applicable statutory filing requirements, this date will not be I State's records. ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
CLE V: Effective date is of filling.) If the date insocument's effective CLE VI: Other	see date, if other than the date of listed, the date must be speciented in this block does not medive date on the Department of provisions, if any. Signature of a memitain document is executed I am aware that any false in constitutes a third degree for Aaron Younger	the applicable statutory filing requirements, this date will not be State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State