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COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: New Filing Section Division of Corporations
SUBJECT: YANIBROWS 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:
YANIRA PARDO
Name of Person
YANIBROWS LLC.
Firm/Company
10335 ORANGEWOOD BLYD. OFFICE SPACE C
ORLANDO, FLORIDA 32821
YANIBROWS Q YAHOO, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YANIRA PARDO 11 (407) 840-0508
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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:
YANIBROWS 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: Mailing Address:
10335 ORANGEWOOD BLVD. 10335 ORANGEWICE
ORLANDO FLORIDA 32821 ORLANDO, FLORIDA
VIII THE CONTRACT CO

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:

LEGALING CORPORATE SERVICES INC

Name

5237 SUMMERLIN COMMONS BLVD SUITE 400

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

FORT MYERS FL 33907

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..

(CONTINUED)

9 JUN 13 6M 9+54

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	YANIRA PARDO
	10335 ORANGEWOOD BLVD. CRLANDO FLORIDA 32821
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(Use attachment if necessary)	ORIUS VIL
CLE V: Effective date, if other than the date of filine effective date is listed, the date must be specific at the of filing.)	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after
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CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at te of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in a I am aware that any false inform	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days aft the applicable statutory filing requirements, this date will not be listed the records.

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)