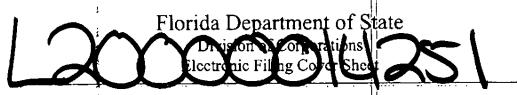
1/20/2020

Division of Corporations



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.

(((H200000215873)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CPLUSA TAX & ACCOUNTING INC

Account Number : I20190000090 Phone : (718)854-1989 : (718)854-1947 Fax Number

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. 1688 YANG LLC

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Help

H200000215873

ANTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FICLE I - Name: name of the Limited Liab	ility Company is:		
1688 YANG LLC			
(Must co	onatin the words "Limited Lia"	bility Company, "	L.L.C." or "LLC.")
TICLE II - Address: mailing address and street	t address of the principal offic	e of the Limited	Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
			il
2955 PESCARA	DRIVE	2955	PESCARA DRIVE
ne Limited Liability Comp	Agent. Registered Office, & any cannot serve as its own R.	Registered Agent	KSONVILLE. FL 32246
JACKSONVILLE STICLE III - Registered the Limited Liability Compother business entity with	Agent. Registered Office, & any cannot serve as its own R an active Florida registration.	JACI Registered Agent. V	KSONVILLE, FL 32246
JACKSONVILLE STICLE III - Registered the Limited Liability Compother business entity with	Agent, Registered Office, & any cannot serve as its own R an active Florida registration.	JACI Registered Agent. V	KSONVILLE, FL 32246
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JACKSONVILLE STICLE III - Registered the Limited Liability Compother business entity with	Agent. Registered Office, & any cannot serve as its own R an active Florida registration. eet address of the registered a LIANG WU YANG	Registered Agent. Your are: Name	At's Signature: You must designate an individual or

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H200000215873

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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	i	
	LIANG WU YANG	
MGR	2955 PESCARA DRIVE	
	JACKSONVILLE, FL 32246	
	li l	
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	<u>ii</u>	
	[1	
(Use attachment if necessary)		
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