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COVER LETTER

	Division of Corp One Yess, L.					
CUD IE	T:					
SUBJEC	-1.	Nam	e of Limi	ted Liabi	lity Company	
The encl	osed Articles of C	Organization and f	ee(s) are	submitte	d for filing.	
Please re	turn all correspo	ndence concerning	this mat	ter to the	following:	
	Jessica Ippoli	ti				
				Name o	- f Person	
	One Yess, LL	C				
			 -			
				Firm/C	ompany	
	3848 Martin :	Street				
				Add	ress	
	Orlando, FL.	32806				
	Jessica@OneY	ess.com	Ci	ty/State a	nd Zip Code	
	E	-mail address: (to	be used I	or future	unnual report notificat	ion)
For furthe	r information con	cerning this matte	r, please	call:		
	Jessica Ippoliti		-41:	5	847-9584	
						<u></u>
	Name	of Person	Δr	ea Code	Daytime Telephor	ne Number
Enclosed	d is a check for th	e following amour	nt:			
□ \$ 125.	00 Filing Fee	□\$130,00 Filing Certificate of St		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo
		Address			Street Address	
		ling Section n of Corporations		New Filing Section Division The Centre of Tallahassee		
trivialent of Corporations			The second of th			

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

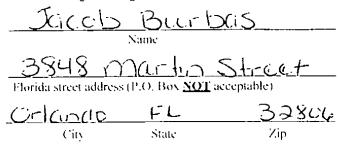
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3848 Martin Street	1811 Novato Bivd. #100 Novato, CA 94947

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:



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 603. F.S.

Rouisipred by:

(active) Butas

Rouisipred by gent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Mer	nber
"MGR" = Manager	
AMBR	Jessica Iopoliti
	1811 Novato Blvd. #69 Novato, CA 94947
	Novale, CA 94947
	<u></u>
(Use attachment if necessar	v)
ARTICLE V: Effective date, if other	than the date of filing: 4/10/2020 (OPTIONAL)
(If an effective date is listed, the dat	e must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	ck 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.
A ESTENDANT BY STELL AND COLUMN STATE OF THE	
ARTICLE VI: Other provisions, if an	•
REQUIRED SIGNATAIR	$\mathbf{F}\cdot$
RESOURCE SKILL ()	···
$\bigwedge \mathcal{O}_{\ell}$	oxcadopolito
Xixo	ature of a member or an authorized representative of a member.
This docum	nent is executed in accordance with section 605,0203 (1) (b), Florida Statutes.
	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.
Jess	Typed or printed name of signee
	Typed of printed frame of signed

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)