

**L2 0000 252248**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : KIJJOENNA SERVICES INC  
Account Number : I20080000033  
Phone : (305)644-3055  
Fax Number : (305)644-3052

**\*\*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.  
YOMOKA SPORT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 AUG 25 PM 2:54

2020 AUG 25 PM 4:07  
STATE  
PASSER, FL

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: YOMOKA SPORT, 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:

ENNA DIEPPA

Name of Person

KRISJOENNA SERVICES INC

Firm/Company

2141 SW 1 ST, SUITE 110

Address

MIAMI, FL 33135

City/State and Zip Code

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

For further information concerning this matter, please call:

ENNA DIEPPA 786 4997132  
Name of Person at 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

YOMOKA SPORT, 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:

1871 NW SOUTH RIVER DRIVE, APTO 1501  
MIAMI FL 33125

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

VIRGINIA ORELLANA

Name

1871 NW SOUTH RIVER DRIVE, APT 1501

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

MIAMI, FLORIDA 33125

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..*

Virginia Orellana

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 TALLAHASSEE, FL

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**ARTICLE IV-**

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

Title:

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

VIRGINIA ORELLANA  
1871 NW SOUTH RIVER DRIVE, APT 1501  
MIAAMI, FL 33125

AMBR

JOSE JARAMILLO  
1871 NW SOUTH RIVER DRIVE, APT 1501  
MIAMI, FL 33125

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/25/2020. (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.

ALL PROPOSE

**REQUIRED SIGNATURE:**

Virginia Orellana

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.

VIRGINIA ORELLANA

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)

NO. 10-13561-1

2020.06.25 PM 4:07