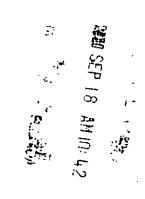
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<del></del> -	(Requestor's Name)	
	(Address)	
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PICK-I	(City/State/Zip/Phone	#) MAIL
	(Business Entity Nam	ne)
· -	(Document Number)	·
ertified Copies	Certificates	of Status
Special Instructio	ns to Filing Officer:	
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## COVER LETTER

	Filing Section of Cor			
SUBJECT:		YAJAC Name of Lin	CA nited Liability Company	
The enclosed A	Articles of (	Organization and fee(s) are	e submitted for fiting.	
Please return a	ill correspo	ndence concerning this ma	nter to the following:	
_		AME	R HART Name of Person	
		YA:	JA CA Firm/Company	
_	52	-13 HIGH C	OLONY DRIVE Address	·
	7	ALLAHASSEI ameerho I-mail address: (to be used	E, FLORIDA 3 ity/State and Zip Code  RT+69@grrail.of for future annual report notificat	2317 Com
		ncerning this matter, please		a 7
A.			850 ) 264 – 647 rea Code Daytime Telephon	oe Number
Enclosed is a	check for th	ne following amount:		
₩\$125.00 Fi	ling Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
YAJACA, L	.LC.
(Must contain the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:
5213 HIGH COLONY DRIVE TALLAHASSEE/FLORIDA 32317	52/3 HIGH COLONY DRIVE TALLAHASSEE, FLORIDA 32317
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	1
AMEER HA	IRT
5213 HIGH Co Florida street address (P.O. Box	NOT acceptable)
TALLAHASSEE City State	FLORIDA 32317

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)

### ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMEER HART MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. REQUIRED SIGNATURE:

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.

AMEER HART

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)
- S 5.00 Certificate of Status (Optional)