To: 18506175381 From: 14693173436 Date: 12/28/20 Time: 9:17 PM Page: 01/03



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To; From;	Division of Corporations Fax Number : (850)617-6381 Account Number : LEGALINC CORPY Account Number : 120126000011 Phone : (844)386-0178 Fax Number : (214)317-4754	RATE SERVICES INC,		
		ss for this business entity ings. Enter only one email	address please.**	2920 DE U
	FLORI	DA LIMITED LIABILIT YB Holdings, LLC	Υ CO.	20
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ARTICLE I - Nation - A The name of the Limited Liability Company is.

YB Holdings, 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:
93 Rockhurst Road	93 Rockhurst Road ,
Queensbury, NY, 12804	Queensbury, NY, 12804

## 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:

LEGALINC CORPO	RATE SERVICES	INC.
	Name	
5237 SUMMERLIN	COMMONS BLVI	D. SUITE 400
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
FORT MYERS	F1.	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..

red Agent's Signature (REQUIRED)

(CONTINUED)

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## To: 18506176381 From: 14693173436 Date: 12/28/20 Time: 9:17 PM Page: 03/03 (((H20000441369 3)))

ARTICLE IV-	٨	R	τı	С	L	E	I	v.
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The name and address of each person authorized to manage and control the Limited Liability Company.

Name and Address:	
Kevin Shufelt 93 Rockhurst Road , Queensbury, NY, 12804	-
	-
	-
	-
	Kevin Shufelt 93 Rockhurst Road ,

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_\_\_ (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.)

<u>Note:</u> 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.

REOURED 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.\$17.155, F.S. Anna Manukyan Typed or printed name of signee 2020 DEC 28 PH 2: 34 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) (((H20000441369 3)))