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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

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FLORIDA LIMITED LIABILITY CO. YL DISTRIBUTION USA LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIADU

EINTIED LIABILITY COMPANY	2.2	2021
ARTICLE I - Name:		21 HA
The name of the Limited Liability Company is:	ン: 分: 	R 30
· ·	Ŭ.	
YL Distribution VSA LLC	11	AH E
ARTICLE II - Address		<u> </u>
The mailing address and street address of the principal office of the Limited Lia Company is:	Lerra	7
	ошту	
4172 23 pl sw Naples F1 34116		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liab Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	oility	
Beymundo Hernandez Altonso		
4177 7201 6		
4172 23 Pl Sw Naples FI 34116	<u> </u>	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		
Rymundo Hernandez Alfonso (AMBR)		
(0.102)		
- HMBK)		
		

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Reynando Hernando 2 Alfenso Typed or printed name of signee

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 herely 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)

ENLED

2021 HAR 30 AM 8: 07

VILLANASSEE STATES