5/12/21 9/37am

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Co	rporations	-
	Fax Number	: (850)617-6381	<i>>-</i>
			•
from:			
	Account Name	: SORSHER & ASSOCIATES, LLC.	· .
	Account Number	: I20170000056	مر يشي
	Phone	: (954)842-2931	
	Fax Number	: (954)842-2936	
Enter anı	the email address nual report maili	s for this business entity to be used on ngs. Enter only one email address plea	for future se.**

FLORIDA LIMITED LIABILITY CO. YPH FREEDOM, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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COVER LETTER

T O;	New Filing S Division of C	ection orporations					
SUBJE	YPH FR	EEDOM, LLC.					
002,	······································	Name of Li	mited Lia	hility Company	<u></u>	-	
The encl	osed Articles o	of Organization and fee(s) a	re submitt	ed for filing.			
Please re	turn all corres	condence concerning this m	alter to th	e following:			
	DIANA Y	AKUPOVA-CARVALHO					~3
			Name	of Person	 .		121
	YPH FREE	DOM, LLC.				: <u>-</u> :	2021 HAY 13
			l'irm/(Company		<u>·</u>	$\overline{\omega}$
	1101 NE 18	STH AVE, APT 10					州川: 2
			<u></u> Ad:	dress		<u></u>	1: 2
	FORTILAU	DERDALE, FL 33304				,:	င်ာ
			ity/State :	ınd Zip Code	~		
		OM@GMAIL.COM		,			
		E-mail address: (to be used	for future	annual report notificat	ion)		
For further	information co	ncerning this matter, please	call:				
	DIANA YAI	KUPOVA-CARVΛΙ. at (954	646-5595			
	Nam			Daytime Telephon	e Number		
Enclosed	is a check for t	he following amount:					
	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Cenil	55,00 Fiting Fee & ied Copy nal copy is enclosed)	□\$160.00 I Certificate t Certified Co cadditional co	of Status &	
	New Fi Divisio P.O. B	g Address lling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, Fl. 3230.	issee ot, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
YPH FREEDOM, LLC.	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
FORT LAUDERDALE, FL 33304	I (01 NE 18TH AVE. APT 10 FORT LAUDERDALE, FL. 33304

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:

YAKUPOVA CARY	/ALHO, DIANA	
	Name	
1101 NE 18TH AVE	, APT 10	
Florida street address	s (P.O. Box <u>NOT</u> ac	ceptable)
<u>FOR I LAUDERDAI</u>	LE FL	33304
City	State	Zip

Having been named as registered agem 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 chaies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

> Diana Yakupova-Carvalho Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

Title: "AMBR" = Authorized Member "MGR" - Manager	Name and Address:		
<u>AMBR</u>	YAKUPOVA-CARVALHO, DIANA 1101 NE 18TH AVE, APT 10 FORT LAUDERDALE, FL 33304		
AMBR	DE OLIVEIRA CARVALHO, EVERTON 1101 NE 18TH AVE, APT 10 FORT LAUDERDALE, FL 33304		
e of filing.) If the date inserted in this block does no	ate of filing: specific and cannot be more than five business days price t meet the applicable statutory filing requirements, this di	or to or 90 da	
LEV: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Department of the Depa	specific and cannot be more than five business days prict meet the applicable statutory filing requirements, this dint of State's records.	or to or 90 da ate will not be	listed as
TLE V: Effective date, if other than the da ffective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Department LE VI: Other provisions, if any.	specific and cannot be more than five business days price.	or to or 90 da	listed as
TLE V: Effective date, if other than the date feetive date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Department of the Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prict meet the applicable statutory filing requirements, this dint of State's records.	or to or 90 da	listed as
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Department of the	rea Yakupova-Carvalho member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Floridalse information submitted in a document to the Department for fellowing as provided for in 8.817.155, F.S.	Statutes, at of State	listed as
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does no nument's effective date on the Department. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Diagonal Signature of a part of this document is exceed a monware that any fall constitutes a third degree.	ra Yakupova - Carvalho number or an authorized representative of a member. nuted in accordance with section 605.0203 (1) (b). Floridalse information submitted in a document to the Department of the Department	or to or 90 da	listed as