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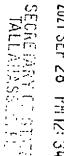
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

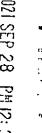
Office Use Only



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COVER LETTER*

	Filing Section on of Corporations	•	·
elib tekre	aketyYak LLC		
SUBJECT: _	Name of Lin	nited Liability Company	
The enclosed A	articles of Organization and fee(s) are	e submitted for filing.	
	I correspondence concerning this ma		
Јас	ob S. Craig		
	<u> </u>	Name of Person	
Ya	ketyYak, LLC		
		Firm/Company	
520) Royal Palm Boulevard		2021 Sec TJ
		Address	
Ve	ro Beach, FL 32960		20 CB
		ity/State and Zip Code	
jerai —	gpianol@gmail.com F-mail address: (to be used	for future annual report notification	_ <u>- 설</u> [당 각 on) - 설 설
For further infort	nation concerning this matter, please		· •
	Randal Brennan, Esquire 77		
		rea Code Daytime Telephone	2 Number
Enclosed is a ch	neck for the following amount:		
■\$125.00 Filin		☐\$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 Di- The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

YaketyYak LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C., or "LLC.)
CTICLE II - Address: e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
520 Royal Palm Boulevard	520 Royal Palm Boulevard
Vero Beach, Florida 32960	Vero Beach, Florida 32960
	J. c. and Lagart's Signaturat
ne Limited Liability Company cannot serve as its own Reg	egistered Agent. You must designate an individual or
CTICLE III - Registered Agent, Registered Office, & Research Liability Company cannot serve as its own Regother business entity with an active Florida registration.) e name and the Florida street address of the registered age	gistered Agent. You must designate an individual or

Name
520 Royal Palm Boulevard

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

 Vero Beach
 FL
 32960

 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 SEP 28 PH 12: 34

ARTICLE IV-

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

"MBR" = Manager AMBR Jacob S. Craig \$20 Royal Palm Boulevard Vero Beach, FL \$2960 AMBR Marion G. Pritchard 7444 Willow Wood Lane Vero Beach, FL \$2966 (Use attachment if necessary) LE V: Effective date, if other than the date of filling:		
AMBR Jacob S, Craig S20 Royal Palm Boulevard Vero Beach, FL 32960 AMBR Marion G. Pritchard 7444 Willow Wood Lane Vero Beach, FL 32966 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) (ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be litured in this block does not meet the applicable statutory filing requirements, this date will not be litured in seffective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED 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. Jacob S, Craig Typed or printed name of signee	"AMBR" = Authorized Member	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be litument's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED 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. Jacob S. Craig Typed or printed name of signee	"MGR" = Manager	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be litument's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED 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. Jacob S. Craig Typed or printed name of signee	AMIDD	Jacob S. Craig
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days or filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be litument's effective date on the Department of State's records. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signative 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. Jacob S. Craig Typed or printed name of signee	ANDR	520 Royal Palm Bouleyard
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Vero Beach, FL 32960
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		7 (13. 1764)
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	AMBR	Marion G. Pritchard
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		7444 Willow Wood Lane
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Vero Beach, FL 32966
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)