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.

(((H22000078685 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

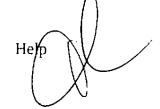
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				
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## FLORIDA LIMITED LIABILITY CO. YOA SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	y Company is:						
YOA SERVICES (Must cont	LLC ain the words "Limited L	Liability Comp	any, "L.L.C.,"	or "LLC.")	<del> </del>		
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the Lir	nited Liability (	Company is:			
<u>Princip</u>	al Office Address:			Mailing Address:			
11234 NW 33RI	D AVE		11234 NW	33RD AVE		~2	
GAINESVILLE	EL_32606		GAINESVI	LLE FL 32606		2022 MAR - I	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered Agn.) agent are: Agent, LLC Name	ent. You must	designate an individu	TARY OF STATE	R-1 AM 8:59	
	St. Petersburg, FL 333		<u> </u>	•			
	City	State	2	Zip			
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the apporantise of all statutes realigations of my position of the control of th	ointment as reg dating to the pl as registered a	istered agent a roper and comp	nd agree to act in this plete performance of n d for in Chapter 605,	capacity. In y duties, and I	,	

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	ANGEL GABRIEL MONTIEL GONZALEZ
-	4415 NW 50TH DR APT 102 GAINESVILLE FL 32606 - 7678
	GAINESVILLE FL.32000-7078
AMBR	YOAIMI CHIQUINQUIRA FEREIRA VILLALOBOS
	4415 NW 50TH DR APT 102
	GAINESVILLE EL 32606-7678
(Use attachment if necessary)	
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
F V: Effective date if other than t	he date of filing: (OPTIONAL) SET
LE V: Effective date, if other than t fective date is listed, the date mus	he date of filing: (OPTIONAL)
LE V: Effective date, if other than t fective date is listed, the date mus of filing.)	
JE V: Effective date, if other than the fective date is listed, the date must of filing.)  If the date inserted in this block does not be a second to the date inserted in this block does not be a second to the date inserted in this block does not be a second to the date inserted in this block does not be a second to the date inserted in this block does not be a second to the date inserted in this block does not be a second to the date in this block does not be a second to the date in the date	es not meet the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  If the date inserted in this block document's effective date on the Depaule VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature This document is I am aware that a	of a member or an authorized representative of a member.  s executed in accordance with section 605.0203 (1) (b), Florida Statutes.  ny false information submitted in a document to the Department of State
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)