

Mar 10 2022 9:49am

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

SECRETARY OF STATE
JALLAHASSEL, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
YAS BUSINESS SUPPORT LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

10/10/2022 10:00:00 AM

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: YAS BUSINESS SUPPORT LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EL HAKIM TOUFIK

Name of Person

YAS BUSINESS SUPPORT LLC

Firm/Company

12024 MEADOW BEND LOOP APT 318

Address

ORLANDO, FL 32822

City/State and Zip Code

JABBOURANDASSOCIATES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

EL HAKIM TOUFIK 305 448-9584

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$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 Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YAS BUSINESS SUPPORT 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:

12024 MEADOW BEND LOOP APT 318
ORLANDO, FL 32822

Mailing Address:

12024 MEADOW BEND LOOP APT 318
ORLANDO, FL 32822

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:

EL HAKIM TOUFIK

Name

12024 MEADOW BEND LOOP APT 318

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

ORLANDO FL 32822
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.

El Hakim Toufik

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

EL HAKIM TOUFIK
12024 MEADOW BEND LOOP APT 318
ORLANDO, FL 32822

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) _____ or 90 days after the date of filing.
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

Note: 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.

REQUIRED SIGNATURE:

El Hakim Toufik

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.

EL HAKIM TOUFIK
Typed or printed name of signee

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TALLAHASSEE, FLORIDA