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Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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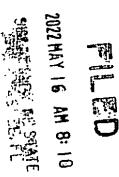
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FLORIDA LIMITED LIABILITY CO. YSP274 LLC

	
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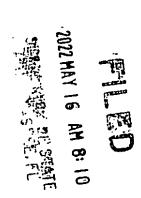
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TICLE I - Name: a name of the Limited Liabili	ty Company is:		
YSP274 LLC			
(Must cons	itin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street a	ddress of the principal of	office of the Limited	d Liability Company is:
Princip	al Office Address:		Mailing Address:
2701 Biscayne Blvd	Apt 6217	270	Ol Biscavne Blvd Apt 6217
e Limited Liability Company	ent, Registered Office.	Mis. Megistered Age n Registered Agent.	DI Biscayne Blvd Apt 6217 ami, FL 33137 ant's Signature: You must designate an individual or
Miami, FL 33137 TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office. cannot serve as its own active Florida registrati address of the registere	Ming. Megistered Agent. Ming. Ming	ent's Signature:
Miami, FL 33137 TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office.	Ming. Megistered Agent. Ming. Ming	ent's Signature:
Miami, FL 33137 TICLE III - Registered Ag	ent, Registered Office. cannot serve as its own active Florida registrati address of the registere	Missistered Agent. on.) d agent are:	ent's Signature:
Miami, FL 33137 TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office. / cannot serve as its own active Florida registrati address of the registere Shlomo Poston	Min. A Registered Agent. On.) d agent are: Name	ent's Signature: You must designate an individual or
Miami, FL 33137 TICLE III - Registered Age Limited Liability Company ther business entity with an	ent, Registered Office. y cannot serve as its own active Florida registrati address of the registere Shlomo Poston 2701 Biscayne Blvd	Min. A Registered Agent. On.) d agent are: Name	ent's Signature: You must designate an individual or

H the pla $further\ agree\ to\ comply\ with\ the\ provisions\ of\ all\ statutes\ relating\ to\ the\ proper\ and\ complete\ performance\ of\ my\ duties,\ and\ I$ am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

> /s/ Shlomo Poston Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



(((H22000174564 3)))

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
<u>AMBR</u>	Shlomo Poston 2701 Biscayne Blvd Apt 6217 Miami, FL 33137
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must le of filing.)	e specific and cannot be more than five business days prior to or 90 da
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does coment's effective date on the Department of the Depart	Is Shilomo Poston a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.