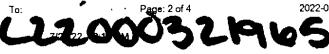
From: Yanet Avila



Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

Email:	Addrage			

FLORIDA LIMITED LIABILITY CO. YA IMPORTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nume: The name of the Limited Liability Company is:	
YA IMPORTS LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ar art to tart the William Co.
The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1250 E HALLANDALE BEACH BLVD	
STE 1002	SAME
HALLANDALE BEACH, FL 33009	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registe another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	ue:
YESENIA AVILA	
Name	
1250 E HALLANDALE BEA	ACH BLVD STE 1002

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..

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

State

HALLANDALE BEACH FL

City

Rogistered Agent's Signature (REQUIRED)

33009

Zip

(CONTINUED)

22 JUL 21 PH I2: 35

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	YESENIA AVILA 1250 E HALLANDALE BEACH BLVD STE 1002 HALLANDALE BEACH, FL 33009
E V: Effective date, if other than the dective date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not need a compared to the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of the the applicable statutory filing requirements, this date will not
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ective date is listed, the date must be of filling.) the date inserted in this block does ment's effective date on the Department's effective date on the Department's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert a maware that any find the constitutes a third department.	t meet the applicable statutory filing requirements, this date will not ent of State's records. Legenia Arriba member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.