

9/7/22, 5:26 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: erv@cox.net

**FLORIDA LIMITED LIABILITY CO.
YOYODYNE LLC**

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

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I – NAME

The name of the Limited Liability Company shall be

YOYODYNE LLC

ARTICLE II – ADDRESS

The Principal street address of the Limited Liability Company shall be

1523 EAST HILLSBORO BLVD UNIT 635

DEERFIELD BEACH, FL 33441

The Mailing address of the Limited Liability Company shall be

SAME AS PRINCIPAL

ARTICLE III – REGISTERED AGENT

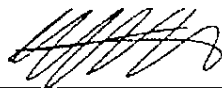
The name and Florida street address (PO BOX not acceptable) of the Registered Agent are

EGHLS R VIGANTS

1523 EAST HILLSBORO BLVD UNIT 635

DEERFIELD BEACH, FL 33441

Having been named as Registered Agent and to accept service of process for the above 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 for in Chapter 605, F.S.



Registered Agent (Signature)

STATE OF FLORIDA
SUNBIZ LLC

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ARTICLE IV – MANAGERS

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

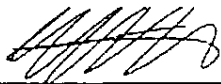
Name: **EGILS R VIGANTS**

Title: **MGMB**

Address: **1523 EAST HILLSBORO BLVD UNIT 635
DEERFIELD BEACH, FL 33441**

ARTICLE V – EFFECTIVE DATE

Effective date shall be the **filing date**.

REQUIRED SIGNATURE:

EGILS R VIGANTS - Member or AMBR

08/30/2022

Date

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CLERK OF DISTRICT COURT