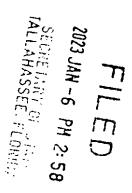
L2300000 6438

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ed Copies Certificates of Status
ecal Instructions to Filing Officer:

Office Use Only



100398251031









/	25
---	----

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		VV	ALKIN	
	PICE	K UP:	MISTY 1/0(g	
	CERTIFIED COPY			
XX	РНОТОСОРУ			
	CUS			
XX	FILING	LLC		
1.	YELLOW SWAMP MA (CORPORATE NAME AND DOCUME)		ENT LLC	
	COM ORATE NAME AND BOCOL	γι <u>ι-</u> 141 π)		
2.	(CORPORATE NAME AND DOCUM	MENT #)		
3.	(CORPORATE NAME AND DOCUM	MENT #)		
1 .				
	(CORPORATE NAME AND DOCUM	MENT #)		
5.	(CORPORATE NAME AND DOCUM	MENT #)		_
5.	(CORPORATE NAME AND DOCUM	MENT #)		
SPECIA 'NSTRU				_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Yellow Swamp M				
(Must c	ontain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	et address of the principal of	ffice of the Limited	Liability Company is:	
<u>Prin</u> e	cipal Office Address:		Mailing Address:	
25 SE 2nd Ave St FL 33131	te 550 PMB 134, Miami,		E 2nd Ave Ste 550 PMB 134, Miami, 3131	
				
ARTICLE III - Registered 2 (The Limited Liability Compa another business entity with a	any cannot serve as its own	Registered Agent. '	it's Signature: 'ou must designate an individual or	~ ;
(The Limited Liability Compa	any cannot serve as its own an active Florida registration	Registered Agent. 'n.)	it's Signature: I'ou must designate an individual or	2023
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration	Registered Agent. 'n.) agent are:	it's Signature: You must designate an individual or	2023 JAN
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. 'n.) agent are:	it's Signature: You must designate an individual or ALCARIANSE	2023 JAN -6
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. 'n.) agent are: utions, Inc. Name	You must designate an individual or	•
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration eet address of the registered Registered Agent Sol	Registered Agent. 'n.) agent are: utions, Inc. Name Suite A	You must designate an individual or	四 至
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration eet address of the registered Registered Agent Sol	Registered Agent. 'n.) agent are: utions, Inc. Name Suite A	ceptable)	•

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..

Adam Saldana, Asst. Secretary

Registered Agent's Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Kay Oswald
	25 SE 2nd Ave Ste 550 PMB 134, Miami, FL 33131
	
41.	
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme	ent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	OccuSigned by
	kay Oswald
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.
Kay Oswald	
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)