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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State **FROM**

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 2/28/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1124908

ORDER ENTITY

YMAIA LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

YMAIA LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 28, 2023 Page 1 of I

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must co	ntain the words "Limited Li	iability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal off	ice of the Limited	Liability Company is:		
Princi	ipal Office Address:		Mailing Address:		
1510 N 70TH TER	RACE	1510	N 70TH TERRACE		
HOLLYWOOD, F	L 33024	HOI	LLYWOOD, FL 33024	_	
ADTICLE III . Dogistared A	cont Ducistared Office &	Pagistared Anal	nt's Signature	– 20 Si	
ARTICLE III - Registered A (The Limited Liability Compa- another business entity with an	ny cannot serve as its own R n active Florida registration	Registered Agent.	You must designate an individual 🚰 🦰		
(The Limited Liability Comparanother business entity with a	ny cannot serve as its own R n active Florida registration	Registered Agent." .) agent are:	You must designate an individual &	EB 28	
(The Limited Liability Comparanother business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a USBR ACCOUNTING	Registered Agent." .) agent are:	You must designate an individual &	EB 28 PH	
(The Limited Liability Comparanother business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a USBR ACCOUNTING	Registered Agent. agent are: G & TAX SERVIC Name	You must designate an individual & S	EB 28 PH 2: 2	
(The Limited Liability Comparanother business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a USBR ACCOUNTING	Registered Agent. agent are: G & TAX SERVIC Name CE	You must designate an individual & S	EB 28 PH 2: 2	
(The Limited Liability Comparanother business entity with a	ny cannot serve as its own R n active Florida registration et address of the registered a <u>USBR ACCOUNTING</u> 1510 N 70TH TERRA	Registered Agent. agent are: G & TAX SERVIC Name CE	You must designate an individual & S	EB 28 PH 2: 2	

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..

Cecilia Brannon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	SILVIO MAIA DA SILVA	
	HOLLYWOOD, FL 33024	
MGR	ALINE GOMES MAIA DA SILVA	
	1510 N 70TH TERRACE HOLLYWOOD, FL 33024	
		ACT SF
		—————————————————————————————————————
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		m
(Use attachment if necessary)		
- /		
LEV: Effective date, if other than the date	of filing: <u>02/27/2023</u>	(OPTIONAL)
Tective date is listed, the date must be spe of filing.)	ecific and cannot be more than five busin	ess days prior to or 90 days a
If the date inserted in this block does not m	neet the applicable statutory filing requires	ments, this date will not be list
ument's effective date on the Department of	of State's records.	
LE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
REQUIRED SIGNATURE: Silvio Maia d		
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section 1

SILVIO MAIA DA SILVA
Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)