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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

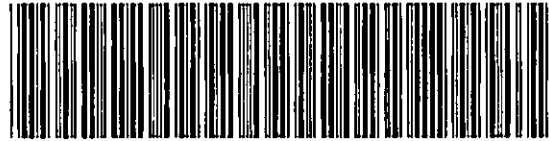
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Special Instructions to Filing Officer:

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CLERK OF THE STATE  
TALLAHASSEE, FL

KC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2022

YVES ARNOLD AMILCAR  
603 MAPLE DR APT 2  
IMMOKALEE, FL 34142

SUBJECT: YVES CONTRACTOR LLC  
Ref. Number: W22000155174

We have received your document for and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 822A00028091

January 10, 2023

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref. Number: W22000155174  
Letter Number: 822A00028091

The principle office address has been revised and corrected. If anything else is needed please let me know.

YVES-AROLD AMILCAR

Yves Amilcar  
603 Maple Dr.  
Apt 2  
Immokalee, FL 34142.

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98:101:1

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: YVES CONTRACTOR LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVES AROLD AMILCAR  
Name of Person  
YVES CONTRACTOR LLC  
Firm/Company  
603 MAPLE DR. APT 2  
Address  
IMMOKALEE, FL 34142  
City/State and Zip Code  
YVESAMILCAR07@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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SEC. OF STATE

For further information concerning this matter, please call:

YVES AMILCAR 239 319-7424  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee  
☒ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YVES CONTRACTOR LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

603 MAPLE DR.  
APT 2  
IMMOKALEE, FL 34142

Mailing Address:

603 MAPLE DR.  
APT 2  
IMMOKALEE, FL 34142

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

YVES AROLD AMILCAR  
Name

603 MAPLE DR. APT 2  
Florida street address (P.O. Box **NOT** acceptable)

<u>IMMOKALEE</u>	<u>FL</u>	<u>34142</u>
City	State	Zip

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.

Yves-Arold Amilcar  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

YVES AROLD AMILCAR

603 MAPLE DR. APT 2

IMMOKALEE, FL 34142

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

YVES-AROLD AMILCAR

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

YVES ARNOLD AMILCAR

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)

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TALLAHASSEE, FL