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.

(((H230002603613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS FILINGS INC

Account Number : I20220000042 Phone : (786)370-2432 Fax Number : (786)866-6349

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

Email Address: vigovigocpa@aol.com

FLORIDA LIMITED LIABILITY CO. YELLOWFIN INVESTMENTS LLC

Certificate of Status Certified Copy Page Count Estimated Charge

03 \$125.00

Electronic Filing Menu Corporate Filing Menu

င်း

Page: 2 of 3

(((H23000260361 3)))

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	YELLOWFIN INVES	TMENTS L	.LC	
(Must contain the w	ords "Limited Liability Co			
ARTICLE II - Address: The mailing address and street address of	the principal office of the	Limited Liabi	iity Company is:	
Principal Office Addre	<u>ss</u> :		<u>Mail</u>	ing Address:
3555 NW 52ND	T 3555 NW 52ND S			JW 52ND ST
MIAMI, FL 3314	2	MIAMI, FL 33142		
	Nai 3555 NW			
	3555 NW	S2ND ST		
Floric	la street address (P.O. Box	NOT accepta	ble)	•
	MIAMI	FL_	33142	
	City		Zip	
iving been named as registered agent and we designated in this certificate. I hareby ther agree to comply with the provisions of familiar with and accept the obligations	accept the appointment as of all statutes rekiting to the	registered age aproper <mark>an</mark> d c	nt and agree to c omplete perform	act in this capacity. I cance of my duties, and

WIT VIEWS PH 8: 22

(((H23000260361 3)))

Ā	ĸ.	m	(1	F.	IV-

Page: 3 of 3

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

Title; "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	0/10/04 ///504	
AMBR	OVIDIO J. VIERA	
	3555 NW 52ND ST	
	MIAMI, FL 33142	
AMBR	OVIDIO F. VIERA	
	3555 NW 52ND ST	
	MIAMI, FL 33142	
AMBR	JULIO RODRIGUEZ	
	3555 NW 52ND ST	
	MIAMI, FL 33142	
(Use attachment if necessary)		
•		
effective date is listed, the date must be specific of filing.)	illing:	
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	
effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet coment's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 the applicable statutory filing requirements, this date will not	
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet rument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE:	the applicable statutory filing requirements, this date will not late's records.	
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signature if a membinish document is executed in I am aware that any false infi	the applicable statutory filing requirements, this date will not late's records. Per or an authorized representative of a member, in accordance with section 605,0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State	
effective date is listed, the date must be specifice of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatural a membatis document is executed in I am aware that any false infi	er or an authorized representative of a member, in accordance with section 605,6203 (1) (b). Florida Statutes, ormation submitted in a document to the Department of State only as provided for in s,817,155, F.S.	
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	er or an authorized representative of a member. In accordance with section 605,6203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S. OVIDIO J. VIERA Speed or printed name of signee	
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	er or an authorized representative of a member. In accordance with section 605,6203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S. OVIDIO J. VIERA Speed or printed name of signee	he l
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	er or an authorized representative of a member. In accordance with section 605,6203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S. OVIDIO J. VIERA Speed or printed name of signee	he l.
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	er or an authorized representative of a member. In accordance with section 605,6203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S. OVIDIO J. VIERA Speed or printed name of signee	he li
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	er or an authorized representative of a member. In accordance with section 605,6203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S. OVIDIO J. VIERA Speed or printed name of signee	he li
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	the applicable statutory filing requirements, this date will not late's records. Per or an authorized representative of a member, in accordance with section 605,0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817,155, F.S. OVIDIO J. VIERA	2023 JUL 26
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of STLE VI: Other provisions, if any. REOURED SIGNATURE: Signatural a memb. This document is executed it am aware that any false inficonstitutes a third degree feli	er or an authorized representative of a member. In accordance with section 605,6203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S. OVIDIO J. VIERA Speed or printed name of signee	he