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.

(((H23000319058 3)))



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 CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email Address:



FLORIDA LIMITED LIABILITY CO. YASNI CONSTRUCTION L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
YASNI CONSTRUCTION L.L.C.	
(Must contain the words "Limited Liabilit	y 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:	Malling Address:
10500 NW 26 STREET	SAME AS PRINCIPAL ADDRESS
SUTTE A-101	
DORAL FLORIDA 33172	•
ARTICLE III - Registered Agent, Registered Office, & Registered Cine Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Plorida street address of the registered agent a	are:
BEN FINANCIAL SERVIC	ES INC
Mama	

Name

10500 NW 26 STREET STE A101

Florida street address (P.O. Box NOT acceptable)

DOPAL SI 33172

DORAL FL 33172

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	JUAN N MARRERO
	10500 NW 26 STREET STE A 101 DORAL FLORIDA 33172
MGR	YASMINA ASENSIO SOSA
	10500 NW 26 STREET STE A 101
	DORAL FLORIDA 33172
	
V: Effective date, if other than th	te date of filing: June 21, 2023 (OPTIONAL)
ctive date is listed, the date must filling.)	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ctive date is listed, the date must fulling.) the date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart CVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not ment of State's records.
CV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart CVI: Other previsions, if any. REQUIRED SIGNATURE: Signature of This document is elam aware that any	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not ment of State's records.