

**L23000432498**

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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Email Address: asu161222@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
YAPLUS REAL ESTATE INVESTMENT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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T. MATTHEWS  
SEP 19 2023

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CLERK OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**YAPLUS REAL ESTATE INVESTMENT, LLC**

(Must end with 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:

Mailing Address:

19870 MEADOWSIDE LN  
BOCA RATON, FLORIDA 33498

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BOCA RATON, FLORIDA 33498

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:

LIUDMYLA LOBACH

Name

19870 MEADOWSIDE LN

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

BOCA RATON FL 33498

City

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..*

Ludmyla Lobach

LIUDMYLA LOBACH

Registered Agent's Signature (REQUIRED)

LIUDMYLA LOBACH

(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

MGR

**Name and Address:**

LIUDMYLA LOBACH

19870 MEADOWSIDE LN

BOCA RATON, FL 33498

(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.)

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

**REQUIRED SIGNATURE:**

Liudmyla Lobach  
Liudmyla Lobach - Sep 18, 2023 10:14:27

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

LIUDMYLA LOBACH

Typed or printed name of signee

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