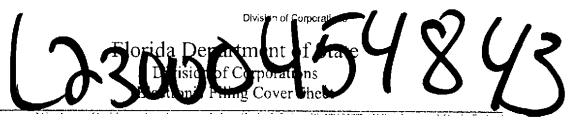
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(((H23000347263 3)))



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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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

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P 13	Address:			
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# FLORIDA LIMITED LIABILITY CO. YRG UNDERGROUND LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

## YRG UNDERGROUND 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 Unice Address:	Mailing Address:
7601 N 9th AVE	7601 N 9th AVE
APT 120	APT 120
PENSACOLA, FL 32514	PENSACOLA, FL 32514

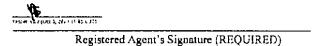
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

YASSER RUIZ GAI	KCIA	
	Name	
7601 N 9th AVE AP	т 120	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
PENSACOLA	FL	32514
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..



(CONTINUED)

To:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	YASSER RUIZ GARCIA 7601 N 9th AVE APT 120 PENSACOLA. FL 32514
(Use attachment if necessary)	date of filing: (OPTIONAL)
EV: Effective date, if other than the ective date is listed, the date must be of filing.) the date inserted in this block does re-	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the ective date is listed, the date must be filing.) the date inserted in this block does ment's effective date on the Department's Country of the provisions, if any.	e specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not beent of State's records.
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E V: Effective date, if other than the ective date is listed, the date must b of filing.) the date inserted in this block does ment's effective date on the Department's effective date of the Department's effetive date of the Depart	a member or an authorized representative of a member, secuted in accordance with section 605.0203 (i) (b). Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.