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.

(((H23000355484 3)))



H230003554843ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*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. YOLYS LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

13 OCT 10 PM 4: 09

FILED

2023 OCT 10 PM 4: 09

TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:  |
|--|
| The name of the Limited Liability Company is:  |
| YoLYS LLC  |
| ARTICLE II - Address:  |
| The mailing address and street address of the principal office of the Limited Liability  Company is:   |
| 231125W 112th PL Miami FL 33170  |
|  |
|  |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.) |
| Yamisleidys Magueira Marriso<br>231175W 117 th Pl Miami FL 33170   |
| 23117.5W 112 th Pl Miami FL 33170  |
|  |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)   |
| Vamisleidys Magueire Marrerro (AMBR)   |
|  |
|  |
|  |
|  |

EIN: 93-3824805

## Required Signatures:

Signature of 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.

Typestor printed name of signee

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 agræ 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)