

# LA23000486679

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

 2023 OCT 20 PM 4:48  
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TALLAHASSEE, FL

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

Email Address: arod0723@gmail.com

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**FLORIDA LIMITED LIABILITY CO.  
YELLOW JACKET INVESTMENTS LLC**

Certificate of Status	0
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T. MATTHEWS

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE I**

*The name of the Limited Liability Company:*

**YELLOW JACKET INVESTMENTS LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

*The mailing address and street address of the principal office of the Limited Liability  
Company is:*

***Principal and Mailing Address***

150 SE 2<sup>ND</sup> AVE SUITE 404  
MIAMI, FL 33131

### 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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**150 SE 2<sup>ND</sup> AVE SUITE 404**

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

**MIAMI, FL 33131**

*FL City, State, and 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*

X.....

**Registered Agent's Signature (REQUIRED)**

## ARTICLE IV

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):**

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

**AMBR**

MARIANA ESCOBAR URIBE  
150 SE 2ND AVE SUITE 404  
MIAMI, FL 33131

33.33%

**AMBR**

DANIEL ESCOBAR URIBE  
150 SE 2ND AVE SUITE 404  
MIAMI, FL 33131

33.33%

**AMBR**

ESTEBAN ESCOBAR URIBE  
150 SE 2ND AVE SUITE 404  
MIAMI, FL 33131

33.33%

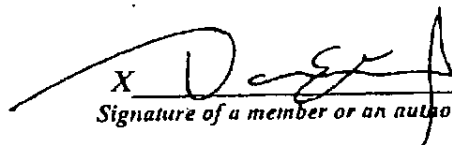
## ARTICLE V

***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.)***

**OCTOBER 20, 2023**

**REQUIRED: SIGNATURE**

X 

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

**MARIANA ESCOBAR URIBE / DANIEL ESCOBAR URIBE / ESTEBAN ESCOBAR URIBE**

***(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.)***

## ***ARTICLE VI***

*The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.*

***THE MAIN OBJECTIVE OF THE COMPANY IS:***

***REAL ESTATE INVESTMENTS***