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(Requestor's Name)						
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(City/State/Zip/Phone #)						
(OR) State (Zip) Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

	ew Filing Sectivision of Cor						
	YZER FLE	ET, LLC					
SUBJECT	SUBJECT: Name of Limited Liability Company						
The enclos	ed Articles of (	Organization and fee(s) a	re submitte	I for filing.			
		ndence concerning this m					
	ANDREW H	OEK					
			Name o	f Person			
	DEWITT LA	W FIRM P.A.					
	Firm/Company						
	1560 W. CLEVELAND ST.						
			Add	ress			
	TAMPA, FL	33606					
			City/State a	nd Zip Code			
	andrewhoek@	dewittlaw.com		,			
•	E	-mail address: (to be use	d for future	annual report notificat	ion)		
For further i	nformation co	ocerning this matter, plea	se call:				
	Andrew Hoek		313	251-2701			
	Name	····································	Area Code	) Daytime Telephon	e Number		
Enclosed i	s a check for th	ne following amount:					
	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	New F	g Address ling Section on of Corporations		Street Address New Filing Section D The Centre of Tallah			

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
YZER FLEET, LLC (Must contr	ain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the Li	mited Liability Company is:			
Princip:	al Office Address:		Mailing Address:			
410 WARE BLVD., STE 310			410 WARE BLVD., STE 310			
TAMPA, FL 33619		<del></del>	TAMPA, FL 33619			
The name and the Florida street	The name and the Florida street address of the registered agent are:  DEWITT LAW FIRM, P.A.  Name					
	1560 W. CLEVELA		VOTthis			
	Florida street address (P.O. Box NOT acceptable)					
	TAMPA	<u> </u>	33606			
	City	State	Zip			
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes r ligations of my position	cointment as re elating to the p as registered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S  Signature (REQUIRED)			
		(601.1111	····,			

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR\_ 410 WARE BLVD., STE 310 TAMPA, FL 33619 (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any, REQUIRED SIGNATURE: Signature of a momber or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. **ANDREW HOEK** Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

7113