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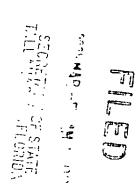
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJEC	YAMALIER OCASIO, LLC			
SUBJEC		Limited Liabil	ity Company	
The encl	osed Articles of Organization and fee(s)) are submitted	I for tiling.	
Please re	turn all correspondence concerning this	matter to the	following:	
	YAMALIER ERNESTO OCASIO	ANDUJAR		
		Name of	Person	
	YAMALIER OCASIO, LLC			
		Firm/Co	ompany	
	15310 BROAD BRUSH DR			
		Addi	ress	
	RUSKIN, FL. 33573			
	ELBRON2022@GMAIL.COM	City/State ar	id Zip Code	
	E-mail address; (to be us	sed for future :	innual report notification)	
For furthe	r information concerning this matter, ple	rase call:		
	YAMALIER ERNESTO OCASIC		331-9514	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	hs a check for the following amount:			:ન
S125.00	Filing Fee S130,00 Filing Fee & Certificate of Status	L—Certifi	of Filing Fee & S160.00 Filing Fee & Certificate of State of Certificate of State of Certified Copy (additional copy is	क्रिकेट
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabil	ity Company is:			
YAMALIER OCAS				
(Must enc	with the words "Limited	d Liability Compa	iy, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street:	address of the principal o	office of the Limits	d Liability Company is:	
Ç	• •		, , ,	
<u>Princi</u>	pal Office Address:		Mailing Address:	
15310 BROAD BR	USH DR	15	310 BROAD BRUSH DR	
RUSKIN, FL. 3357			JSKIN, FL, 33573	
another business entity with an The name and the Florida street	-	d agent are:	NDUJAR	
	15310 BRC	OAD BRUSH DR		
	Florida street addres	is (P.O. Box <u>NOT</u>	acceptable)	
	RUSKIN	FL	33573	
	City	State	Zip	
dace designated in this certificate arther agree to comply with the p	e. I hereby accept the app provisions of all statutes r bligations of my position	nointment as registe elating to the prop as registered agen	he above stated limited liability con red agent and agree to act in this c er and complete performance of my t as provided for in Chapter 605, F.	apacity. I duties, and
		(CONTINUED)	

Page Lof 2

Title:	arthumin of Monach as	Name and Address:
"MGR" = Ma	uthorized Member	
AMBR	miget	YAMALIER ERNESTO OCASIO ANDUJAR
	·	15310 BROAD BRUSH DR
		RUSKIN, FL. 33573
MGR		
<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
ICLE V: Effective	nt if necessary) date, if other than the date of filing	:(OPTIONAL)
ICLE V: Effective date is late of filing.) Hithe date insert	date, if other than the date of filing isted, the date must be specific an	d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list
ICLE V: Effective affective date is late of filing.) : If the date insert ocument's effective in the content ocument is effective in the content in the con	e date, if other than the date of filing isted, the date must be specific an ed in this block does not meet the re date on the Department of State ovisions, if any.	d cannot be more than five business days prior to or 90 days a applicable statutory filing requirements, this date will not be list
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

APTIGUES OF OR CONVENTION FOR FLORIDALIMITED UMEILING OMBASSY

ARRINGH XII 6 Namusi

The mame of the Himited Hability Company is

WAYMATHER OCASIO. LI

(Must end with the words "Limited Liability Companys LLG or (LLG)

ÄŘŤĬĠĹĖ<u>Ĭ</u>Ĩ "Addres<mark>š</mark>:

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

Principal Office Address:

Mailing Address

15310 BROAD BRUSH DR RUSKIN, FL, 33573 15310 BROAD BRUSH DR RUSKIN, FL, 33573

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:

YAMALIER ERNESTO OCASIO ANDUJAR

Name

15310 BROAD BRUSH DR

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

RUSKIN

FL

33573

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY DE STATE

. V .,	ARTICLÉIVE		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The name and address of each person authorize	io manage and control the Limited Liabilit	AGomoniva
			,
The East	Tille	Name and Address 1272	
4 700	"ANIBR" = Authorized Member		
a de la surviva	MGR = Manager	VAMALIER EDNIECTO OCCUCIONATE	hinera.
egasia yang Tamba	AMBR	*15310 BROAD BRUSH DR **	WARE
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the docu	If the date inserted in this block does not meet the iment's effective date on the Department of State LE VI: Other provisions, if any.		
·	.e. vi: Oner provisions, it any.		
	REQUIRED SIGNATURE: 1 / 2		
			•
	This document is executed in a I am aware that any lalse inform	r an authorized representative of a men cordance with section 605,0203 (1) (b), F ntion submitted in a document to the Depa as provided for in s.817,155, F.S.	lorida Statutes. rtment of State
	A C. A.	a conserva extensione	
	YAMALIER ERNESTO	or printed name of signee	TL NAP
	- 1314		7
		Eiling Eces:	
	- aras no 1211 - 12 - Control of a Companies	an and Decignation of Registered Agen	, (PEE)
	\$125.00 Filing Fee for Articles of Organiza	All that the step in the state of the state	
	\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	On and treathauties of establishment	F SILV