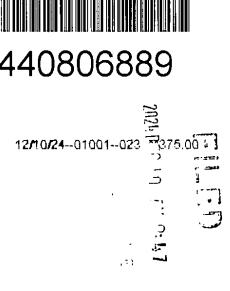
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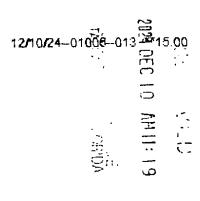
| (Requestor's Name) |
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| (Address) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer: |





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| XX | РНОТОСОРУ | | |
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| xx | FILING | LLC | |
| | MOUND YUCCA | PARTNERS LLC | <u> </u> |
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COVER LETTER

| | livision of Corporations | | | |
|---------------|--|--|--|----|
| SUBJECT | r: Mound Yucca Partners LLC | | | |
| 001301201 | Name of I | Limited Liability Company | | |
| The enclos | sed Articles of Organization and fee(s) | are submitted for filing. | | |
| Please retu | rn all correspondence concerning this i | matter to the following: | | |
| | Jason Matthews | | | |
| | | Name of Person | ~2 | |
| | Mound ` | Yucca Partners LLC | 2021-0- | |
| | | Firm/Company | | |
| | 301 W Platt St., #A343 | | _> { | |
| | | Address | | `- |
| | Tampa, FL 33606 | | tu | |
| | Jmatt@TeamABV.com | City/State and Zip Code | | |
| | E-mail address: (to be us | ed for future annual report notification) | | |
| For further i | nformation concerning this matter, ple | ease call: | | |
| | · · · · · · · · · · · · · · · · · · · | _at (412) 414-4405 | | |
| | | ame of Person Area Code ytime Telephone Number | | |
| Enclosed i | s a check for the following amount: | | | |
| S125.00 F | iling Fee X S130.00 Filing Fee & Certificate of Status | Certified Copy Certificational copy is enclosed) Certificational copy is enclosed. | 00 Filing Fee, icate of Status & ied Copy nal copy is enclosed) | |
| | Mailing Address | Street Address | | |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporations | | |
| | P.O. Box 6327 | Clifton Building | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

| | Mound Yucca Partn | ners LLC |
|--|--|---|
| (Mus | t contain the words "Limited Liability Con | mpany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | | |
| | reet address of the principal office of the L | imited Liability Company is: |
| | incipal Office Address: #A343 Tampa, FL 33606 | Mailing Address: |
| | | |
| | | |
| | | |
| | | |
| | | |
| The Limited Liability Con | d Agent, Registered Office, & Registere pany cannot serve as its own Registered A th an active Florida registration.) | ed Agent's Signature: Agent. You must designate an individual or |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A | |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A th an active Florida registration.) | |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A th an active Florida registration.) | |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A th an active Florida registration.) street address of the registered agent are: | |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A th an active Florida registration.) street address of the registered agent are: | |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A th an active Florida registration.) street address of the registered agent are: Jason Matthews | |
| The Limited Liability Connother business entity with | ppany cannot serve as its own Registered A th an active Florida registration.) street address of the registered agent are: Jason Matthews Name 301 W Platt St., #A343 | Agent. You must designate an individual or |
| The Limited Liability Connother business entity with | npany cannot serve as its own Registered A th an active Florida registration.) street address of the registered agent are: | Agent. You must designate an individual or |

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..

Jason Watthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Jason Matthews 301 W Platt St., #A343 Tampa, FL 33606 (Use attachment if necessary) 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.) 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: ason Matthews

Signature of a member 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.

Jason Matthews

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)