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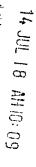
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Certified Copies Certific	ates of Status			
Special Instructions to Filing Officer:				

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2014

TINA WILSON 611 S FT HARRISON AVE SUITE 242 CLEARWATER, FL 33756

SUBJECT: Y & M LLC

Ref. Number: W14000039602

We have received your document for Y & M LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00013803

COVER LETTER

TO:	Registration Section Division of Corporations	•			
SUBJI	Y&M LLC				
		Name of Limited Liability Company			
		Limited Liability Company for Authorization to Transact Business in Florida," Ce egister the above referenced foreign limited liability company to transact business			
Please	return all correspondence concer-	ning this matter to the following:			
	Tina Wilson				
		Name of Person			
	Y&M LLC				
Firm/Company					
	611 S Ft Harrison	n Ave, Suite 242			
Address					
	Clearwater Florida 33756				
City/State and Zip Code					
	yandmcorp@gma	ail.com			
	E	mail address: (to be used for future annual report notification)			
For fur	ther information concerning this	matter, please call:			
	Tina Wilson	208 921-0989			
	Name of Conta	act Person Area Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo		ving amount: 130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy			



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company,"	"L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The	alternate name must include "I imited
iability Company, "L.L.C," or "LLC.")	; and have have must include Diffined
Idaho EIN: 46-4434582 2. 3.	
(Jurisdiction under the law of which foreign limited liability (FEI numb company is organized)	er, if applicable)
1 July 2014	
(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability 611 S Ft Harrison Ave, Suite 242	y)
5	
Clearwater Florida 33756	
(Street Address of Principal Office)	
611 S Ft Harrison Ave, Suite 242	
Clearwater Florida 33756	
(Mailing Address)	
Tina Wilson, Operating Agent 611 S Ft Harrison Ave, Suite 242	
511 51 11 11 11 15 17 1 V G, Salto 2-12	
Clearwater Florida 33756	
3. Attached is an original certificate of existence, no more than 90 days old, dunaving custody of records in the jurisdiction under the law of which it is organized to the control of th	zed. (A photocopy is not
acceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	ate under oath of the translator
Jina Wilson	
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penal m aware that any false information submitted in a document to the Department of State constitutes a third degree fel	ties of perjury that the facts stated herein are tru ony as provided for in s.817.155, F.S.)
Tina Wilson	
Typed or printed name of signee	······································

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability	Company is:		
	e, the alternate to be used	I in the state of Florida is: YOM SERVICES LLC		
2. The name	and the Florida street ad	dress of the registered agent and office are:		
	Tina Wilson			
	(Name)			
	611 S Ft Harrison Ave, Suite 242			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Clearwater	33756 FL		
		City/State/Zip		
liability comp registered ag statutes relati	pany at the place designat ent and agree to act in thi ing to the proper and com	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoint is capacity. I further agree to comply with the applete performance of my duties, and I am families registered agent as provided for in Chapter (Signature)	intment as 5 provisions of all iliar with and	

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00 \$ 30.00

5.00

State of Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE

OF

Y&M LLC

File Number W 132462

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 1 January 2014.

I FURTHER CERTIFY That the limited liability company has not been dissolved.

Dated: June 9,2014



Ben yewsa

SECRETARY OF STATE

By Sley/ Delina