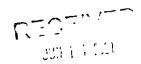
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

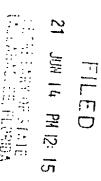
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\$	TO: Reg Div	COVER LETTER • • • • • • • • • • • • • • • • • • •					
	SUBJECT:	Yokestreet, LLC					
		Name of Limited Liability Company					
	Please return	rn all correspondence concerning this matter to the following: Mathew Klabacka					
		Name of Person					
		Yokestreet, LLC					
		Firm/Company					
	96007 Hidden Marsh Ln Address Fernandina Beach, FL 32034						
		City/State and Zip Code					
		mattk@yokestreet.com					

For further information concerning this matter, please call:

Mathew Klabacka 904 310-4363

Name of Contact Person Area Code Daytime Telephone Number

Mailing Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

E-mail address: (to be used for future annual report notification)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Yokestreet, LLC				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L.L.C.," or "L.L.C.")	
(If name unavailable, enter aliernate i	name adopted for the purpose of transacting business in	Florida The	alternate name must include "Limited Liabilit	ty Company," "L.L.C," or "LLC")
Maryland 2.		•	87-0911809	
Ourisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, d	applicable)
June 1, 2021				
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o respistratio	11	<u> </u>
	(See sections 605 0904 & 605 0905, F.S. to determ	nine penalty	fiability)	
96007 Hidden Marsh I 5	.n	6.	96007 Hidden Marsh Ln	
(Street Address of Principal Office)		O.	(Mailing Address)	
Fernandina Beach, FL.	32034		Fernandina Beach, FL 32034	- N 5
				
				TABLE F
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	acceptable)	10 P
				PRI 12:
Name:	Mathew Klabacka			DATE ORNOLOGI
Name.	······			DA 15
Office Address:	96007 Hidden Marsh Ln			
	Fernnadina Beach		32034	
	(Cdy)		, Florida(Zin code)	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊞ Manager	Name: Mathew Klabacka	■Manager	Name: Alexander Per
□Member	Address: 96007 Hidden Marsh Ln	□Member	Address: 5225 POOKS HILL RD # 1729
□Authorized	Fernandina Beach, FL 32034	□Authorized	BETHESDA MD 20814
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	DOther

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Signature of an authorized person

Mathew Klabacka

Typed or printed name of signee

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT YOKESTREET, LLC (W21834502), REGISTERED MAY 27, 2021, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 09, 2021.

Michael L. Higgs Director

> 301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice