

L08000088440

p.1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000216991 3)))



H080002169913ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : CSH SERVICES, LLC  
Account Number : T20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

FILED OF STATES  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 SEP 17 AM 8:04

FLORIDA/FOREIGN LIMITED LIABILITY CO.

YIPCPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

J. BRYAN

SEP 18 2008

RECEIVED

08 SEP 17 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

YIPCPA, LLC

**ARTICLE II ADDRESS**

The street address of the principal office of the Limited Liability Company is:

711 ALCAZAR AVE  
CORAL GABLES, FLORIDA 33134

The mailing address of the principal office of the Limited Liability Company is:

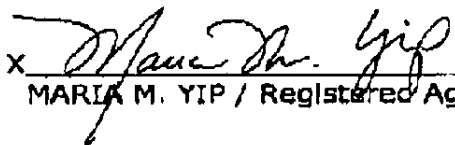
P.O. BOX 347378  
CORAL GABLES, FLORIDA 33234

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

MARIA M. YIP  
711 ALCAZAR AVE  
CORAL GABLES, FLORIDA 33134

Having been named as registered agent 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 608, F.S.

x   
\_\_\_\_\_  
MARIA M. YIP / Registered Agent's signature

FILED OF STATICS  
SECRETARY OF CORPORATIONS  
DIVISION  
08 SEP 17 AM 8:04

PAGE 2 YIPCPA, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
MARIA M. YIP  
711 ALCAZAR AVE  
CORAL GABLES, FLORIDA 33134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 17 AM 8:04

x *Maria M. Yip*

Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.

MARIA M. YIP