## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC Account Number : I20170000091

Phone Fax Number

: (718)878-5811 : (718)732-4580

\*\*Enter the email address for this business entity to be used for future [77] annual report mailings. Enter only one email address please.\*\*

17187959036

Email	Address:	
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# FLORIDA LIMITED LIABILITY CO.

## YLMS LLC

Certificate of Status 0 Certified Copy 0 03 Page Count Estimated Charge \$125.00

959036 From: Mark Fuchs

#### COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	YLMS LLC	
30031.0		f Limited Liability Company
The enck	osed Articles of Organization and fee(	s) are submitted for filing.
Please re	turn all correspondence concerning the	is matter to the following:
		Name of Person
	FILE RIGHT LLC	
		Firm/Company
	1425 37TH ST SUITE 201	
		Address
	BROOKLYN, NY 11218	
	sales@fileacorp.com	City/State and Zip Code
		used for future annual report notification)
For further	information concerning this matter, p	lease call:
	Sara	718 878-5811
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status	
	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  Tallahassan El. 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1 - Name: The name of the Limited Liability Company is: YLMS LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 15 PARKVILLE AVENUE, 100 WALTHAM E WEST PALM BEACH, FL 33417 SUITE 500 BROOKLYN, NY 11230 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:

YEHUI	DA LEIB SIMKOV	VITZ
	Name	
100 WA	LTHAM E	
Florida street address	(P.O. Box <u><b>NOT</b></u> ac	cceptable)
WEST PALM BEAC	H FL	33417
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.,

> /s/YEHUDA LEIB SIMKOWITZ Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

025 FEB 2) PM 1: ECRETARY OF STAT

#### H25000063522 3

Title:		Name and Address:
$\overline{\text{AMBR}}$ " = .	Authorized Member	
$"MGR" = M$ $\underline{AMBR}$		YEHUDA LEIB SIMKOWITZ
AMDIC		5211 ISTH AVENUE
		BROOKLYN, NY 11219
	· <del></del>	
	ment if necessary)	
		e of filing: (OPTIONAL)
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nent's effect E VI: Other	tive date on the Department provisions, if any.  D SIGNATURE:	t of State's records.  /s/YEHUDA LEIB SIMKOWITZ
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E VI: Other	provisions, if any.  D SIGNATURE:  Signature of a m This document is execu	/s/YEHUDA LEIB SIMKOWITZ  member or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes see information submitted in a document to the Department of State
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