## Florida Department of State

Division of Corporations 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.

(((H23000045611 3)))



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) 617-6391

From:

Account Name : VCORP SIRVICES, LLC

Addount Number : 120060000067 Phone : (945)425-0077 Fax Number : (845)818-3588

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. YF Designers 1 LLC

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

Electronic Filing Menu — Corporate Filing Menu



February 6, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: Y F DESIGNERS 1 LLC

REF: W23000015915

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return 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) 245-6052.

Genesis R Kersey OPS Clerk FAX Aud. #: H23000045611 Letter Number: 223A00002806

## ARTICLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	VP Darionare LLLC					
	YF Designers 1 LLC (Must end with the w	ords "Limited Liab	oility Company	r, "L.L.C.," or "LLC.")		
	E II - Address:	i e e	. Ast - Finite 1	The Control of the Co		
the maili	ng address and street address of t	he principal office	of the Limited	Liability Company is:		
	Principal Office	<u>Address</u> :		Mailing Addres	<u>s</u> :	
	2151 West Hillsboro Blvd Suit	te 403		l West Hillsboro Blvd Suite	403	
	Deerfield Beach, FL 33442	<del></del>	Dee	rfield Beach, FL 33442		
ARTICI	E H1 - Registered Agent, Regis	toral Office & R	- onistored Anor	nt's Signature	· · ·	
(The Limi	ted Liability Company cannot se asiness entity with an active Flor	rve as its own Reg	istered Agent.	You must designate an indiv	zidual or	
The name	and the Florida street address of	the registered ages	nt are:			
	Yitzche	ok Friedman				
		Na	me			
	2151 W	Vesi Hillsboro Blvo	d Suite 403			
	Florida	i street address (P.)	O, Box <u>NOT</u> a	cceptable)		
	Deerfie	ld Beach	FL	33442		
		City	State	Zip		
e designate	nmed as registered agent and to ad in this certificate, I hereby ac comply with the provisions of the and accept the obligations of	cept the appointmal statutes relatin	ient as r <b>e</b> gister	red agent and agree to act	in this capaci	Ŋ.
	н ана ассерт те оопданолз ој	my position as re		as provided for in Chapter		
	——————————————————————————————————————		gistered agent	as provided for in Chapter ture (REQUIRED)	· 605, F.S	,
			gistered agent	L		· ·
		Registered	gistered agent	L	٠.	
		Registered	gistered agent	L	٠.	
		Registered	Agent's Signa	L	٠.	

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	AV. 1 1 1 1 1 2 1	
AMBR	Yitzchok Friedman	
	2151 West Hillsboro Blvd Suite 403	
	Deerfield Beach, FL 33442	<del></del>
	<del></del>	
		<del>_</del>
		<del></del>
		<del></del>
		<del></del>
	·	<del></del>
(Use attachment if necessary)		
(11112 11111111111111111111111111111111		
ffective date is listed, the date must be specific e of filing.) If the date inserted in this block does not meet	ling:	or 90 day
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet numera's effective date on the Department of StateVI: Other provisions, if any.	e and cannot be more than five business days prior to the applicable statutory filing requirements, this date w tate's records	or 90 day
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.	c and cannot be more than five business days prior to the applicable statutory filing requirements, this date w	or 90 day
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of	c and cannot be more than five business days prior to the applicable statutory filing requirements, this date w tate's records  or an authorized representative of a member.	or 90 day
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a	c and cannot be more than five business days prior to the applicable statutory filing requirements, this date w tate's records  or an authorized representative of a member, ccordance with section 605.0203 (1) (b), Florida	or 90 day
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida nation submitted in a document to the Department.	a Statutes
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet nument's effective date on the Department of State of Carlot Other provisions, if any.  REOUTED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	c and cannot be more than five business days prior to the applicable statutory filing requirements, this date w tate's records  or an authorized representative of a member, ccordance with section 605.0203 (1) (b), Florida	or 90 day
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet nument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Yitzchok Friedman	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida nation submitted in a document to the Department.	a Statules
ffective date is listed, the date must be specific e of filing.) If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Yitzchok Friedman	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida nation submitted in a document to the Department of as provided for in s.817.155, F.S.	a Statutes
ffective date is listed, the date must be specific e of filing.) If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Yitzchok Friedman	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida nation submitted in a document to the Department.	a Statutes
ffective date is listed, the date must be specific e of filing.)  If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Yitzchok Friedman  Signature Friedman  Type	or an authorized representative of a member coordance with section 605.0203 (1) (b), Florida nation submitted in a document to the Department of a provided for in s.817.155, F.S.	a Statutes
ffective date is listed, the date must be specific e of filing.)  If the date inserted in this block does not meet dument's effective date on the Department of StateVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony Yitzchok Friedman  Signature Friedman  Type	or an authorized representative of a member. ccordance with section 605.0203 (1) (b), Florida nation submitted in a document to the Department of as provided for in s.817.155, F.S.	a Statutes