

224000121636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

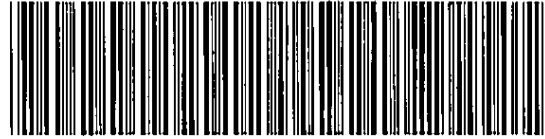
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600425631006

2024 MAR 15 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 MAR 15 PM 1:37
TALLAHASSEE, FLORIDA

RECEIVED

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 03/14/2024

eric DW

Acc#120160000072

Name:	1 Micro, LLC
Document #:	
Order #:	15440180 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:
 kris@1micro.net

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125.00

FILED
 2024 MAR 15 AM 7:37
 SECRETARY OF STATE
 TALLAHASSEE, FL

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: I Micro, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Bigalke
Name of Person
Larkin Hoffman
Firm/Company
8300 Norman Center Drive
Address
Minneapolis, MN 55437
City/State and Zip Code
kris@lmicro.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Bigalke 952 896-3358
Name of Person at Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 MAR 15 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1 Micro, 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:

14 Flamingo Hammock Road
Islamorada, FL 33036

14 Flamingo Hammock Road
Islamorada, FL 33036

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:

Jon Kristian Terp
Name

14 Flamingo Hammock Road
Florida street address (P.O. Box **NOT** acceptable)

Islamorada, FL 33036 FL 33036
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/ Jon Kristian Terp
ED7E961108#0407
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 MAR 15 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

<u>Manager</u>	<u>Jon Kristian Tern</u>
_____	<u>14 Flamingo Hammock Road</u>
_____	<u>Islamorada, FL 33036</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

/s/ Jon Kristian Tern

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Jon Kristian Tern
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2024 MAR 15 AM 7:37
 SECRETARY OF STATE
 TALLAHASSEE, FL
FILED