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TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-02/24/00--01075--021
****130.00 ****130.00

SUBJECT: Ono Enterprises, L.L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: THOMAS H. Keller
Name (Printed or typed)

P.O. Box 485
Address

GRANT, FL. 32949
City, State & Zip

321-984-7306
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 FEB 24 PM 1:50

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ono Enterprises, L.L.C.

ARTICLE II - Address:

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

P.O. Box 485

4640 GRANT Rd.

GRANT, FL. 32949

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ARTICLE III - Registered Agent

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

Thomas H. Keller

4640 GRANT Rd.

GRANT, FL. 32949

ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.
☒ The Limited Liability Company is to be managed by the members.

Susan A. Graham

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SUSAN A. GRAHAM

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

FILED
00 FEB 24 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Ono Enterprises, L.L.C.

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

THOMAS H. Keller

NAME

4640 GRANT Rd.

Florida street address (P.O. Box **NOT** ACCEPTABLE)

GRANT

FL

32949

CITY, STATE AND 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas H Keller

SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent

FILED
00 FEB 24 PM 1:50
TALLAHASSEE
SECRETARY OF STATE
FLORIDA