

# L000000/2298

## TRANSMITTAL LETTER

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

File 2nd  
LLC

**SUBJECT:** \_\_\_\_\_

(Proposed corporate name - must include suffix)

800003416388--0

-10/06/00--01081--001

\*\*\*125.00 \*\*\*125.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** \_\_\_\_\_

Name (Printed or typed)

FROM: (PLEASE PRINT)

PHONE

800,941 3462

Estime Inc  
17454 SW 79court  
Miami FL 33157

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 OCT -6 PM 1:04

FILED

**NOTE:** Please provide the original and one copy of the articles.

# ARTICLES OF ORGANIZATION OF ONE-OF-ONE, LLC.

## ARTICLE 1 - NAME

The name of the limited liability company is ONE-OF-ONE, LLC.

## ARTICLE 2 - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the limited liability company is:

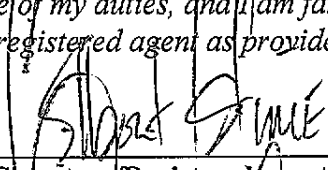
18624 SW 94<sup>th</sup> Avenue  
Miami Florida 33157

## ARTICLE 3 - REGISTERED AGENT

The name and street address of the registered agent and registered office is:

Gilbert Estime'  
17454 SW 79 Court  
Miami, FL 33157

*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 the 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..*

  
\_\_\_\_\_  
Signature/Registered agent

September 20, 2000

\_\_\_\_\_  
Date

## ARTICLE 4 - MANAGEMENT

This Limited liability company is to be managed by the members and is therefore a member managed limited liability company.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.

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

Gilbert Estime'

\_\_\_\_\_  
Name of Signee

FILED  
00 OCT -6 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA