

**L020000021379**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : PARCORP SERVICES, LTD.  
Account Number : T19990000011  
Phone : (800) 603-2533  
Fax Number : (800) 398-0461

**LIMITED LIABILITY COMPANY**

**ONE SHOT MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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*not*

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## STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

## ONE SHOT MANAGEMENT LLC

Pursuant to s. 608.407, Florida Statutes.

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**ONE SHOT MANAGEMENT LLC**

## ARTICLE II - Address:

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

**1550 NW 134TH STREET, NORTH MIAMI, FL 33167**

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

The name of the Florida street address of the registered agent are:

**STEVEN ANDERSON**

Name

**15922 NW 48th AVE**Florida street address (P.O. Box NOT ACCEPTABLE)**MIAMI, FL 33014**

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 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 608, F.S.*

Registered Agent's Signature

## ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or authorized representative of a member.

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

**DAVID L. SURINA**

Typed or Printed name of signee

## Preparer Info:

Parcorp Services, Ltd. / David L. Surina  
931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

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**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:

**ONE SHOT MANAGEMENT LLC**

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

**STEVEN ANDERSON**

Name

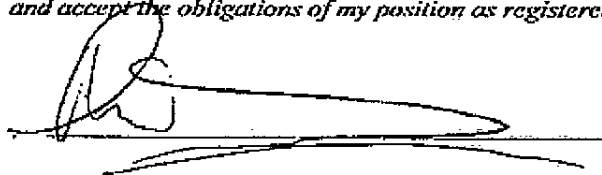
**15922 NW 48th AVE**

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

**MIAMI, FL 33014**

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 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 608, F.S..*

Registered Agent **STEVEN ANDERSON**

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