

L03000003593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

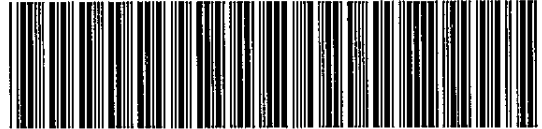
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400010113254

RECEIVED

03 JAN 29 PM 4:20

DIVISION OF CORPORATION

03

JAN 29

PM 12:55

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PR*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 912375 7136678

AUTHORIZATION : *Patricia Pajaro*

COST LIMIT : \$ 125.00

ORDER DATE : January 29, 2003

ORDER TIME : 3:54 PM

ORDER NO. : 912375-005

CUSTOMER NO: 7136678

CUSTOMER: Mr. Eilon Krugman-kadi  
Eilon Krugman-kadi, P.a.

824 East University Avenue

Gainesville, FL 32601

FILED  
JAN 29 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: ONE HUNDRED, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

One Hundred, LLC

### ARTICLE II - Address:

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

824 E. University Avenue, Gainesville, Florida 32601

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

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

Richard Mellman

Name

824 E. University Avenue

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

Gainesville, FL 32601

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.*

By: 

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

~~Signature of a member or an 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.)

Eilon Krugman-Kadi

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
JAN 29 PM 12:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA