

L03000044127



ARDIS LIMITED, INC.

Licensed Mortgage Brokerage Business

704 N. Ingraham Ave., Lakeland, Florida 33801

(Address)

863-683-4565

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

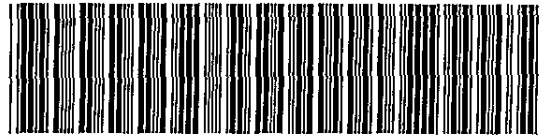
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10/13/03--01068--015 **78.75

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03 NOV -7 PM 9:01
TALLAHASSEE, FLORIDA

W/03-30430



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 20, 2003

ARDIS LIMITED, INC.
704 N. INGRAHAM AVE.
LAKELAND, FL 33801

SUBJECT: ONE FLORIDA CONSORTIUM, LLC.
Ref. Number: W03000030430

RECEIVED
TALLAHASSEE, FLORIDA

03 NOV -7 PM 9:01

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We have received your document for ONE FLORIDA CONSORTIUM, LLC. and check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation if a 2004 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 303A00057124

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Florida, Consortium, 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:

Reginald L. Ardis
(Name of Person)

One Florida Consortium, LLC.
(Firm/Company)

704 North Ingraham Ave.
(Address)

Lakeland, FL 33801
(City/State and Zip Code)

FILED
TALLAHASSEE, FLORIDA
03 NOV - 7 PM 9:01

For further information concerning this matter, please call:

Reginald L. Ardis at (863) 683-4565
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

One Florida Consortium, LLC

ARTICLE II - Address:

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

Principal Office Address:

704 North Ingraham Ave.

Lakeland, FL 33801

Mailing Address:

Same

Same

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

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

Reginald L. Ardis

Name

704 North Ingraham Ave.

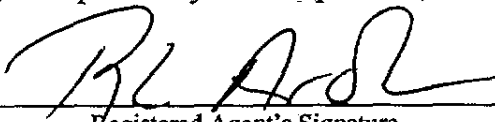
Florida street address (P.O. Box **NOT** acceptable)

Lakeland, FL 33801

FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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NOV - 7 PM 9:01
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Reginald L. Ardis

420 Platt Street

Lakeland, FL 33809

MGRM

Don Brown

305 Greenwich Ct.

Kissimmee, FL 34758

MGRM

Shirley R. Shabazz

1656 Morgan Cr.

Daytona Beach, FL 32117

MGRM

Harold L. Silas

2289 Crystal View Ct.

Lakeland, FL 33801

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Reginald L. Ardis

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)