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To:

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Fax Number : (850) 205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
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L0409/08/04

0438-25138

LIMITED LIABILITY COMPANY  
ONE-ELEVEN, LLC

RECEIVED  
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Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:  
One-Eleven, LLC

**ARTICLE II - Address:**  
The mailing address and street address of the principal office of the Limited Liability Company is:

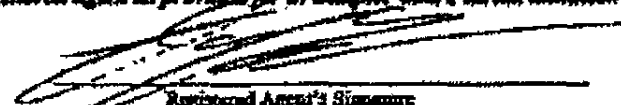
<b>Principal Office Address:</b>	<b>Mailing Address:</b>
<u>One-Eleven, LLC</u>	<u>One-Eleven, LLC</u>
<u>33167 Puckett Street</u>	<u>33167 Puckett Street</u>
<u>Dade City, FL 33525</u>	<u>Dade City, FL 33525</u>

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Robert J. Levine, Esq.  
Name  
c/o Graner Root & Heilmann  
2000 Glades Road, Suite 412  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton Florida 33431  
City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 605, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**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:**

      MGR      

Todd Pitzer  
3703 Eaglebrook Circle  
Yithia, FL 33547

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

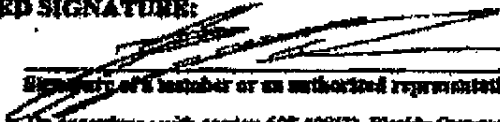
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(Use attachment if necessary)

**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 606.100(3), Florida Statutes, the execution of this document constitutes an affidavit under the penalties of perjury that the facts stated herein are true.)  
Robert J. Levine, Esq.  
\_\_\_\_\_  
Typed or printed name of signer

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- Filing Fees**
- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 20.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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