L04000042176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Due Two Many L.L.C.

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____ Art of Inc. File____
____ LTD Partnership File____
____ Foreign Corp. File____
✓ L.C. File____
____ Fictitious Name File____
____ Trade/Service Mark____
____ Merger File____
____ Art. of Amend. File____
____ RA Resignation____
____ Dissolution / Withdrawal____
____ Annual Report / Reinstatement____
____ Cert. Copy____
✓ Photo Copy____
____ Certificate of Good Standing____
____ Certificate of Status____
____ Certificate of Fictitious Name____
____ Corp Record Search____
____ Officer Search____
____ Fictitious Search____
____ Fictitious Owner Search____
____ Vehicle Search____
____ Driving Record____
____ UCC 1 or 3 File____
____ UCC 11 Search____
____ UCC 11 Retrieval____
____ Courier____

Signature

Requested by: WL 6/4 11:00
Name Date Time

Walk-In ____ Will Pick Up ____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: ONE TWO MANY L.L.C.

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

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Principal Office Address:	**Mailing Address:**
919 Osceola	Same
Belleair Fl. 33756	

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

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

Bill Cooke
Name

919 Osceola
Florida street address (P.O. Box NOT acceptable)

Belleair Fl. 33756
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 605, F.S.

X
Registered Agent's Signature

(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Bill Cooke 919 Osceola Belleair Fl. 33756

(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.)

Bill Cooke
Typed or printed name of signer

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)