

L04000042176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

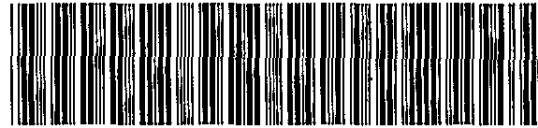
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700037030587

06/04/04 01051 1027 **125.00

FILED
04 JUN -4 PM 3:16
STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 JUN -4 PM 12:13
STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

CAPITAL CONNECTION, INC.

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

One Two Many LLC

FILED
04 JUN -4 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

___ 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*

Name _____

Date *6/4*

Time *11:00*

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:

Principal Office Address:

919 Osceola
Belleair Fl 33756

Mailing Address:

Same

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 [Signature]
Registered Agent's Signature

(CONTINUED)

FILED
04 JUN -14 PM 3:16
CLERK OF STATE
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

MGRM

Name and Address:

Bill Cooke
919 Osceola
Bellevue, 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 Fee:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 10.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)