# L04000058078

2004 AUG -4 P 1: 34 SECRETARY OF STATE (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. 2°130

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Letter Number: 004A00047201

## FLORIDA DEPARTMENT OF STATES -4 P 1: 34 Glenda E. Hood Secretary of State TALLAHASSEE, FLORIDA

July 27, 2004

JEFFREY GONZALEZ 7516 GRAFIELD ST. HOLLYWOOD, FL 33024

SUBJECT: ONE1SOFT, LTD. Ref. Number: W04000028730

We have received your document for ONE1SOFT, LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### TRANSMITTAL LETTER

FILED

**TO:** Registration Section Division of Corporations

2004 AUG -4 P 1: 34

SUBJECT: One 1 Soft, Ltd. SECRETARY OF STATE (Name of Limited Liability Company)

TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teffrey Gonzalez
(Name of Person)

One I Soft, Ltd.

(Firm/Company)

7516 Garfield St.

(Address)

Hollywood, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

Teffrey Gonzalez at 954 554-2707
(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 FILED

#### FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

One 1 Soft, Ltd. Co.

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

Principal Office Address:

One 1 Soft, Ltd. Co.

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

Jaan-Mayce Kouton

Name

7175 NW 1795 + 103

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

Mianzi, FLORIDA 33015

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

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager 2004 AUG -4 P 1: 34 "MGRM" = Managing Member SECRETARY OF STATE OCALEZ TALLAHASSEE, FLORIDA MGRM MGRM Jean-Marcel Kouton 7175 NW 179th St., Apt. 103 Miami, FL 33015 MGRIM (Use attachment if necessary)

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

REQUIRE	D 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.)
	Jeffrey Gonzalez

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)