

L04000084543

(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:

Andrew Sharnod
requested for marketing
to be deleted from
name.
11/20/04 [signature]

Office Use Only

W. P. Verlyer



300041844353

10/21/04--01027--005 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Second Page

204000039034

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE RESULT MARKETING, 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:

ANDREW SHERROD
(Name of Person)

ONE RESULT MARKETING, LLC
(Firm/Company)

3116 LA RESERVE DR
(Address)

PONTE VEDRA, FLORIDA 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW SHERROD at (904) 219-3572
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

[Click here and type address]

facsimile transmittal

To: Diane Cushing

Fax: 850.410.1015

From: Andrew Sherrod

Date: 11/22/2004

Re: One Result

Pages: 1

CC:

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle



Note:

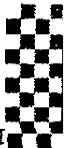
Diane,

Thanks for the help, let me know if there is anything else you need from me.

Andrew Sherrod

904.399.5222 work

904.219.3572 cell





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 22, 2004

ANDREW SHERROD
ONE RESULT MARKETING, LLC
3116 LA RESERVE DR
PONTE VEDRA, FL 32082

SUBJECT: ONE RESULT MARKETING, LLC
Ref. Number: W04000039034

We have received your document for ONE RESULT MARKETING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to submit the entire application. Please complete the 2nd page of the application and return it to our office for processing.

Please return 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 504A00060995

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE RESULT, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3116 LA RESERVE DR.
PONTE VEDRA, FL 32082

3116 LA RESERVE DR.
PONTE VEDRA, FL 32082

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

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

ANDREW SHERROO
Name

3116 LA RESERVE DR.
Florida street address (P.O. Box **NOT** acceptable)

PONTE VEDRA, FL 32082
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, F.S..

[Signature]
Registered Agent's Signature

(CONTINUED)

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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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

ANDREW SHERROD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

CLERK OF STATE
TALLAHASSEE, FLORIDA

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