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(Business Entity Name)

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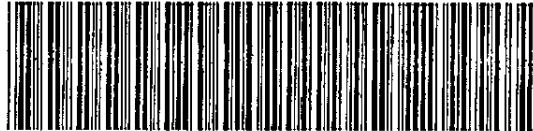
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05 JUN 31 PM 3:11

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE CALL DOES IT ALL, HELP LINE
(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:

COLLEEN QUINN-ADAMS
(Name of Person)

ONE CALL DOES IT ALL, HELPLINE LLC
(Firm/Company)

3933 VERSAILLES DR
(Address)

Tampa, FL 33634
(City/State and Zip Code)

For further information concerning this matter, please call:

COLLEEN QUINN at (813) 310 4249
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input 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

One Call Does It All, Help line, LLC.

Florida Department of State

Enclosed is my check for \$125.00 the filing fee for an LLC. My company name and information is...

One Call Does It All, Help line, LLC.
3933 Versailles Dr.
Tampa, FL 33634
813.310.4249

Please call the above number should you have any questions.

Thank you,

Colleen Quinn-Adams

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE CALL DOES IT ALL, HELP LINE, LLC

ARTICLE II - Address:

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

Principal Office Address:

3933 VERSAILLES DR
TAMPA, FL
33634

Mailing Address:

3933 VERSAILLES DR
TAMPA, FL
33634

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

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

Colleen Quinn-Adams
Name

3933 VERSAILLES DR
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33634
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..


Registered Agent's Signature

(CONTINUED)

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TAMPA, FL

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:

GREG ADAMS
3933 VERSAILLES DR
TAMPA, FL 33634

(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.)

GREG ADAMS
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)