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| (Re                                     | equestor's Name)          |           |
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| (Cit                                    | y/State/Zip/Phone         | ÷#)       |
| PICK-UP                                 | WAIT                      | MAIL      |
| (Bu                                     | sin <b>ess</b> Entity Nan | ne)       |
| (Document Number)                       |                           |           |
| Certified Copies                        | Certificates              | of Status |
| Special Instructions to Filing Officer: |                           |           |
| 3/28                                    | FL                        | (C        |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                          |   |   |  |  |
|--|---|---|--|--|
|  |   |   |  |  |
| SUBJECT: OneSource Industries 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:  |   |   |  |  |
|  |   |   |  |  |
| Bonita L Clancy  |   | · <u> </u>  |  |  |
| (Name of Person)   |   |   |  |  |
|  |   |   |  |  |
| OneSource Industries LLC   |   |   |  |  |
| (Fi  | rm/Company)                                     | <del></del>                                       |  |  |
|  |   |   |  |  |
| 3575 S Ocean Boulevard #303  |   |   |  |  |
| 00, 0 0 000an Dodievard 4,000  | (Address)                                       | ······································            |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
| Palm Beach, FL 33480   |   |   |  |  |
| (City/State and Zip Code)  |   |   |  |  |
|  | 11  |   |  |  |
| For further information concerning this matter, please call:               |   |   |  |  |
| Bonita L Clancy  | , ( 732 ) 996-1846                              |   |  |  |
| (Name of Person)   | (Area Code & Daytime Te                         | lephone Number)                                   |  |  |
|  |   |   |  |  |
| Enclosed is a check for the following amount:                              |   |   |  |  |
| ☐ \$125.00 Filing Fee  | ☐ \$155.00 Filing Fee &                         | ☐ \$160.00 Filing Fee,<br>Certificate of Status & |  |  |
| Certificate of Status  | Certified Copy<br>(additional copy is enclosed) | Certified Copy (additional copy is enclosed)      |  |  |
| STREET ADDRESS:  | MAILING AI                                      | DDRESS:   |  |  |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:                              |   |  |
|--|---|--|
| OneSource Industries LLC   |   |  |
| ARTICLE II - Address:<br>The mailing address and street address of the pri                   | ncipal office of the Limited Liability Company is:  |  |
| Principal Office Address:  | Mailing Address:  |  |
| 3575 S Ocean Boulevard - #303  | 3575 S Ocean Boulevard - #303   |  |
| Palm Beach, FL 33480   | Palm Beach, FL 33480  |  |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re |   |  |
| Bonita L Clancy Name   |   |  |
| 3575 S Ocean Boulevard #303  |   |  |
| Florida street addı  | ress (P.O. Box <u>NOT</u> acceptable)   |  |
| Palm Beach,  | FL 33480  |  |
| City, State, ar  | nd Zip  |  |
|  | ccept service of process for the above stated limited<br>is certificate, I hereby accept the appointment as |  |

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.,

legistered Agent's Signature

(CONTINUED)

Page 1 of 2

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" = Manag                | er  |  |
| "MGRM" = Man                 | aging Member  |  |
| MGR                          |   | Bonita L Clancy  |
|                              | <u> </u>  | 44 Backbone Hill Road  |
|                              |   | Clarksburg, NJ 08510   |
|                              |   |  |
|                              |   |  |
|                              |   |  |
|                              |   |  |
|                              |   |  |
|                              |   |  |
|                              |   |  |
|                              | <u> </u>  |  |
|                              |   |  |
|                              |   |  |
| (Use attachment              | if necessary)   |  |
| NOTE: An addi                | itional article must be   | added if an effective date is requested.   |
| REQUIRED SIG                 | GNATURE:  |  |
|                              | Janu  | an authorized representative of a member.  |
|                              |   | / ()   |
|                              | (In accordance with section of this document constitute that the facts stated herei           | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) |
|                              | Bonita L Clancy   |  |
|                              | Typed   | or printed name of signee  |
| Filing Fees:                 |   |  |
| of Regi<br>\$ 30.00 Certifie | ee for Articles of Organiza<br>istered Agent<br>d Copy (Optional)<br>ate of Status (Optional) | ation and Designation  |