L05000/22504

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
_				
Consideration to Efficiency				
Special Instructions to Filing Officer:				

Office Use Only



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TO: Registration So Division of Co				
SURJECT. On Poi	nt Services, LLC			
DODGE R.		d Liability Compa	ny)	
The enclosed Articles o	of Organization and fee(s) are s	ubmitted for filing	_	
	pondence concerning this matte	_		0
i icase teturi an corresp	ondence concerning and man	a to the following.		FEE SEE
Daniel Dur			•••	2 2
	(Name of Person)		دن سرود در درون
On Point S	ervices, LLC			ing. 3
		Firm/Company)		TO T
186 McLa	uahlin Rd			A STA
-	<u></u>	(Address)		
Milton, FL	32570			
WIRLOH, FL		/State and Zip Code)		
	(Ony	build talk 25p code)		
For further information	concerning this matter, please	call:		
D. 11D. I.		070	200 050	^
Daniel Dunlap	of Person)	at (6/8)	898-356	olanhana Numban
(14mile	of reison)	at (678) (Area Code	& Daymne 16	stephone (vulider)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	-	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporation	าร

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	y is:
On Point Services, LLC	
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
186 McLaughlin Rd	186 McLaughlin Rd
Milton, FL 32570	Milton, FL 32570
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of t Daniel Dunlap	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or apother
Ni	ame
186 McLaughlin Rd Florida stree	t address (P.O. Box NOT acceptable)
Milton, FL 32570 City, Sta	FLate, 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 (REQUIRED)

(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" = Manager "MGRM" = Managing Member	
MGR	Daniel Dunlap 186 McLaughlin Rd Milton, FL 32570
	Million, TE 32370
-	
(Use attachment if necessary)	TASEC T
RTICLE V: Effective date, if other than the fan effective date is listed, the date must lor 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ORIDA ORIDA
Signature of a memb	ber or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Daniel Dunlap

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)

that the facts stated herein are true.)