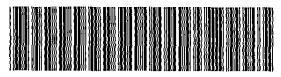
L06000041793

Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

Office Use Only



ATIONS



100070762261

04/21/06--01035--010 **155.00

006 APR 21 PM 3: 14

RECEIVE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973

CR2E031(7/97)

	•	Office Use Only	1
CORPORATION NAME(S) & DOCUM	ent number(s), (i	f known):	
1. ONE STOP FOR HC	ME/OFFI	Office Use Only of known): CC / CFT	J. J.
(Corporation Name)	(Document #)	EF S	
2.			-
(Corporation Name)	(Document #)	UA.	•
3.	-		
(Corporation Name)	(Document #)		
4		``.	
(Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·	
Walk in Pick up time	2.00	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		-
Profit	☐ Amendment	•	
Not for Profit Limited Liability		R.A., Officer/Director	
Domestication .	Change of Registre Dissolution/Wit		•
Other	☐ Merger		-
OTHER FILINGS	REGISTRATION/	QUALIFICATION	
Annual Report	☐ Foreign		
Fictitious Name	Limited Partner	ship	
	Reinstatement Trademark		
	Other		
C W - C -	-	Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I-Name: One Stop For Home OFFICE L1. The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: P.O. BOX 667975, MIAMI F / 33166
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
C. MARQUEZ MARCUS
4701 N. Warne 72 AVE, 1
Florida street address (P.O. Box NOT acceptable)
Florida sitest audiess (F.O. Box MOI acceptable)
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 Agents Signature
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.

FILING FEES:

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)