

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

All In One, LLC

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DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

ALL IN ONE, LLC

ARTICLE II: Address

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

3213 KNOTTYPINE AVE
WINTER PARK, FL 32792

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

JOEL ORTIZ
3213 KNOTTYPINE AVE
WINTER PARK, FL 32792

Having been named as registered agent 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.

x 

JOEL ORTIZ / REGISTERED AGENT'S SIGNATURE

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ALL IN ONE, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

JOEL ORTIZ

3213 KNOTTYPINE AVE

WINTER PARK, FL 32792

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X


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.)

JOEL ORTIZ

Typed or printed name of signee

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