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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: ONE C	N ONE PROPER	RTIES LLC	
		ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	•
Please return all correspo	ondence concerning this matte	er to the following:	
NYDIA CE	ENTEIO		
		(Name of Person)	
ONE ON	ONE REALTY, I	NC	
	.	(Firm/Company)	
2300 PAI	M BEACH LAK	KES BLVD SUITE 303	
		(Address)	
WEST PA	ALM BEACH F	L 33409	
-	(City	y/State and Zip Code)	
For further information of	concerning this matter, please	SECRETARY LLAHASSEI	
NYDIA CENTE	EIO	at (561) 296-2776	
(Name	of Person)	(Area Code & Daytime Telephone Number)	O
Enclosed is a check fo	r the following amount:	IE IDA	
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
ONE ON ONE PROPERTIES LLC (Must end with the words "Limited Liability Company. "Limited ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2300 PALM BEACH LAKES BLVD SUITE 303 WEST PALM BEACH FL 33409	3138 BREAKWATER COURT WEST PALM BEACH FL 33411
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results	egistered agent are: OURT ress (P.O. Box NOT acceptable) FL 33411
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:

Name and Address:
NYDIA CENTEIO 3138 BREAKWATER COURT WEST PALM BEACH FL33411
TALL SEC
AHASSE
tate of filing:

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.)

1 in Country!

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)