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| (Re | questor's Name |) |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATI

COVER LETTER

| Division of Corpo | | | |
|------------------------------|---|--|--|
| SUBJECT: One Touc | ch Integrated System | ms, LLC | |
| 00202011 | (Name of Limited | d Liability Company) | |
| The enclosed Articles of O | rganization and fee(s) are su | ubmitted for filing. | |
| Please return all correspond | dence concerning this matte | r to the following: | |
| Paul Bradley | | | |
| | Q | Name of Person) | |
| One Touch Ir | ntegrated Systems | , LLC | 2001 SE |
| | (| Firm/Company) | JAN CRET |
| 1021 Antelo | pe Trail | | TAR) |
| | · | (Address) | EF P |
| Winter Sprir | ngs, FL 32708 | | FLOR |
| | (City/ | (State and Zip Code) | DA O |
| For further information cor | ncerning this matter, please | call: | |
| Paul Bradley Norris | 5 | at (407) 695-565 | 55 |
| (Name of | Person) | (Area Code & Daytime T | 'elephone Number) |
| Enclosed is a check for t | he following amount: | | |
| | 3130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ▼ \$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 | Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301 | ons r Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Comp | pany is: |
|--|--|
| • | • |
| One Touch Integrated Systems, LLC | |
| (Must end with the words "Limited Liability Compan | y, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ADTICLE II Address. | |
| ARTICLE II - Address: The mailing address and street address o | of the principal office of the Limited Liability Company is: |
| The maning address and shoot address o | , the principal critics of the Billinea Blacking Company to |
| Principal Office Address: | Mailing Address: |
| 1021 Antelope Trail | 1021 Antelope Trail |
| Winter Springs, FL 32708 | Winter Springs, FL 32708 |
| | |
| The name and the Florida street address Paul Bradley Norris | Name |
| 1021 Antelope Trail | |
| | street address (P.O. Box NOT acceptable) |
| Winter Springs, | FL 32708 |
| City | , State, and Zip |
| liability company at the place designate registered agent and agree to act in this statutes relating to the proper and compaccept the obligations of my position | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and 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:

| "MGR" = Ma | nagar | Name and Address: | | |
|--|--|---|---------------------------------------|---|
| | Managing Member | | | |
| MGRM | | Paul Bradley Norris | | |
| ····· | | 1021 Antelope Trail | | |
| | | Winter Springs, FL 32708 | | |
| MGRM | | Mark Frohlich | | |
| | • 111. | 3630 Gametrail Court | 5 0 2 | |
| | | Orlando, FL 32829 | | - |
| | | | JAN RET AHA | |
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| (Use attachm | ent if necessary) | | · · · · · · · · · · · · · · · · · · · | |
| CLE V: Effect effective date is | ent if necessary) tive date, if other than the s listed, the date must l te date of filing.) | e date of filing: be specific and cannot be more tha | (OPTIO | - |
| CLE V: Effect effective date i 0 days after th | tive date, if other than the | | | - |
| CLE V: Effect effective date i 0 days after th | tive date, if other than the s listed, the date must he date of filing.) | | | - |
| CLE V: Effect effective date i 0 days after th | tive date, if other than the s listed, the date must he date of filing.) | | | - |
| CLE V: Effect effective date i 0 days after th | tive date, if other than the s listed, the date must be date of filing.) SIGNATURE: | be specific and cannot be more that | an five business (| - |
| CLE V: Effect effective date i 0 days after th | tive date, if other than the s listed, the date must be date of filing.) SIGNATURE: Signature of a member of a m | per or an authorized representative of a section 608.408(3), Florida Statutes, the exititutes an affirmation under the penalties | an five business of the secution | - |
| CLE V: Effect effective date i 0 days after th | tive date, if other than the s listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitutions. | per or an authorized representative of a section 608.408(3), Florida Statutes, the estitutes an affirmation under the penalties herein are true.) | an five business of the secution | - |

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)