L10000054007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 MAY 17 PM 1:40

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10 MAY 17 PM 3:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

MAY 19 2010

EXAMINER

S. HAWKES
MAY 17 2010
EXAMINER

5-10-2010

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 384576 4805290

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 125.00

FILED
DELAWARE SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 17 PM 3:29

ORDER DATE : May 14, 2010

ORDER TIME : 4:15 PM

ORDER NO. : 384576-005

CUSTOMER NO: 4805290

DOMESTIC FILING

NAME: ONJ, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 17 PM 3:29

May 17, 2010

CSC

RESUBMIT
Please give original submission date as file date.

SUBJECT: ONJ, LLC
Ref. Number: W10000024010

We have received your document for ONJ, LLC and the authorization to debit your account in the amount of $125.00. However, the document has not been filed and is being returned for the following:

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 610A00012421

RECEIVED
10 MAY 19 AM 10:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

10 MAY 17 PM 3:29
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I - Name:
The name of the Limited Liability Company is:

ONJ, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
2624 Abell Road	2624 Abell Road
Lake Placid, FL 33852	Lake Placid, FL 33852

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Nescha A. Olson
Name

2624 Abell Road
Florida street address (P.O. Box NOT acceptable)

Lake Placid FL 33852
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..

Nescha A. Olson
By: Nescha A. Olson
Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Nescha A. Olson 2624 Abell Road Lake Placid, FL 33852
MGR	John D. Olson 2624 Abell Road Lake Placid, FL 33852

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Nescha A. Olson

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.)

Nescha A. Olson

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)