

LIUWUU 54007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

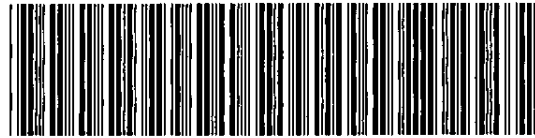
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 MAY 17 PM 1:40
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2010 MAY 17 PM 3:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

MAY 19 2010

EXAMINER

S. HAWKES

EXAMINER

1110-24010



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 384576 4805290

AUTHORIZATION :

Spurlockman

COST LIMIT : \$ 125.00

ORDER DATE : May 14, 2010

ORDER TIME : 4:15 PM

ORDER NO. : 384576-005

CUSTOMER NO: 4805290

10 MAY 17 PM 3:29
DIVISION OF CORPORATIONS

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

RECEIVED
DIVISION OF CORPORATIONS
10 MAY 17 PM 3:29

May 17, 2010

CSC

SUBJECT: ONJ, LLC
Ref. Number: W10000024010

RESUBMIT

Please give original
submission date as file date.

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

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:

2624 Abell Road
Lake Placid, FL 33852

Mailing Address:

2624 Abell Road
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)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
10 MAY 17 PM 3:29

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

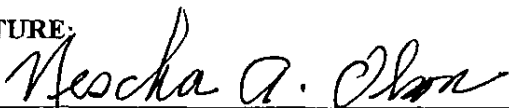
Lake Placid, FL 33852

(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:



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)