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SEURETARY OF STATE
ALLAMASSEF, FLORIDA

J. BRYAN

JAN -7 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ONE FOCUS LLC			
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Line Doucet Name of Person			
One Focus LLC			
Firm/Company			
698 Seffery street			
Boca Raton FL 33487 City/State and Zip Code			
One Focus @ Bell South, net E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Line Soucet at (561) 704-8483  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee \& \times 155.00 Filing Fee \& \times 160.00 Filing Fee, \times Certificate of Status \& \times Certified Copy (additional copy is enclosed) \end{additional copy is enclosed}			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

## One Focus, Inc.

Amendment Section Division of Corporations P.O Box 6327 Tallahassee, FL 32314 12/23/10

To whom it may concern:

Enclosed is the following;

I, Line Doucet, president and 100% share holder of One Focus, Inc. consent to release the name One Focus and or One Focus, Inc. effective immediately.

Date: 12/23/10

Line Doucet, president

One Focus Wellness Corp. 698 Jeffery St, Boca Raton, FL 33487

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	· · · · · · · · · · · · · · · · · · ·
The name of the Limited Liability Company is:	
One Focus L	4c 3 5
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Thicipal Office Address.	Manning Address:
1098 EFFERY STREET	698 LEFFERY STREET
BOCA RATON FL 33487	BOCA RATON, FL 33487
	·
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another  Effective Date 01 01 11
The name and the Florida street address of the re	gistered agent are:
Line Name	et
	Street ess (P.O. Box <u>NOT</u> acceptable)
Boca Raton, City, Stat	FL 33487 e, 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		
	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGRM	Line Doucet 698 Jeffery ST  Boca Raton, FL 33487	
(	(Use attachment if necessary)		
(If an ef	LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL)  De specific and cannot be more than five business days prior	
]	REQUIRED SIGNATURE;		
		er or an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document	
	constitutes an affirmation under I am aware that any false infor	er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	
	Line	yped 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)