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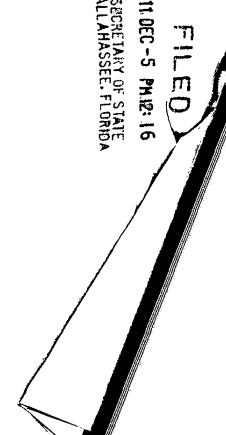
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**EXAMINER** 



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# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: One Stop Entertainment Box		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Catrina Cletta		
	Name of Person	
One Stop Entertainme	nt Box	
	Firm/Company	
2511 Flagler Ave		
	Address	
Key West, Florida 33040		
City/State and Zip Code		
OneStopBox@comcast.net	for future annual report notification)	
For further information concerning this matter, plea		
Catrina Cletta  Name of Person	at (305) 924-7544/942-7217 Area Code & Daytime Telephone Number	
	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times\$\$ Status	\$155.00 Filing Fee & \$160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	mpany is:
One Stop Entertainm	ent Box, LLC.
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2511 Flagler Ave	2511 Flagler Ave
Key West, FL 33040	Key West, FL 33040

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:

Catrina Cletta

Name

2511 Flagler Ave

Florida street address (P.O. Box NOT acceptable)

Key West

FL 33404

City, State, and Zip

11. DEC -5 PH 12: 16

SECRETARY OF STATE
TALL AHASSEF, FI ORIO.

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)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Catrina Cletta 2511 Flagler Ave Key West, FL 33040
MGRM	Richard Cletta 2511 Flagler Ave Key West, FL 33040

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 28 November 2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Catrina Cletta

or Richard Chetter

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)