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# **COVER LETTER**

TO: Registration S Division of Co			
surject: One S	Smart Ventures	s, L.L.C.	
50502011		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Joseph I	-anara	Name of Person	
One Sm	art Ventures, L	L.C.	
		Firm/Company	·
10812 BULL RUSH TERRACE			
		Address	
BRADEN	TON FL 34202	ty/State and Zip Code	
joe.fanara	@onesmartmover	•	
For further information of	concerning this matter, please	-	
Jacqueline Barry at (941 ) 735-6523			
Name o	of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	s

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# One Smart Ventures, L.L.C.



(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:	
10812 BULL RUSH TERRACE BRADENTON FL 34202	5136 Higel Avenue Sarasota, FL 34242	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an individ	
The name and the Florida street address of the	ne registered agent are:	· = 0 7
Jacqueline Barry		FS: E
Name		
5 136 Higel Avenue		tSSE 9
Florida street	address (P.O. Box NOT acceptable)	# 유 및
Sarasota	<sub>11</sub> 34242	<b>E</b> S

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..

City, State, and Zip

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:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Joseph Fanara
	10812 BULL RUSH TERRACE
	BRADENTON FL 34202
140014	
MGRM	Mark Barry
	5136 Higel Avenue
	Sarasota, FL 34242
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 06/13/2012 . (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.)

# Mark Barry

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)