

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations-

Fax Number

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From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone : (800)494-3124

Fax Number

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Email Address:____

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SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO.

A 1 One LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

A 1 ONE LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2509 MOODY BOULEVARD FLAGLER BEACH, FLORIDA 32136

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE B

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

ARUN DEEP

2509 MOODY BOULEVARD

FLAGLER BEACH, FLORIDA 32136

Having been named as registered agent 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.

ARUN DEEP / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER
ARUN DEEP
23 BOLLING LANE
PALM COAST, FLORIDA 32137

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.

ARUN DEEP