L12000135952

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: OnanOff	LI C		
subject: UnanOπ		led Liability Company	7-17
The enclosed Articles of Orga	nization and fee(s) are	submitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
Gudni Valss	on		
Oddin Valoo		Name of Person	
		Firm/Company	<u> </u>
168 SE 1st S	T #1204		
	•	Address	
Miami FL 3313	1		
	Cit	y/State and Zip Code	
gudni@magnea	tusa.com	for future annual report notification)	
For further information concer	ming this matter, pleas	e call:	
Gudni Valsson		at (561 3505383	
Name of Pers	on	Area Code & Daytime Tele	phone Number
England in a sheet fautho	C-IIin a sur sunt		
Enclosed is a check for the			
	0.00 Filing Fee & ertificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	[]\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address	Street/Courier Address	
	gistration Section vision of Corporations	Registration Section Division of Corporations	
P.C). Box 6327	Clifton Building	
Tal	lahassee, FL 32314	2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:	
OnanOff LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Lial	bility Company is:
Principal Office Address:	Mailing Address:	
168 SE 1st ST #1204	168 SE 1st ST #1204	
Miami FL 33131	Miami FL 33131	
	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individual of the registered agent are:	ual or another
Magneat USA LI	LC	FIL 12 OCT 24 SLUNE AND FALLAHASS
	Name	FIL T 24
168 SE 1st S	ST #1204	SSE TE
Florida	street address (P.O. Box NOT acceptable)	PH 12: 38 (OF STATE (EE, FLORID
Miami	_{FL} 33131	1100 115 125 125
	City, State, and Zip	23 3

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Gudni Valsson 168 SE 1st ST #1204 Miami FL 33131	
		<u></u>
		
		
(Use attachment if necessary)		
(Use attachment if necessary) CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: (Ole specific and cannot be more than five busing	PTIONAL ness days
CLE V: Effective date, if other than the ffective date is listed, the date must be	date of filing:	ness days
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing:	ness days
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than five busing	12 OCT 24 FR FLORIDA
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe (In accordance with section 608 constitutes an aftirmation under 1 am aware that any false inform constitutes a third degree felony	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of	12 OCT 24 FR FLORIDA

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)