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12/10/12--01028--026 **125.00

Effective Date 1/1/13

DEC 1 1 2012

T. HAMPTON

Registration Section

TO:

COVER LETTER

Division of Corporations
SUBJECT: NUMBER ONE AUCTIONS, 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:
•
Steven L. Francek Name of Person
Name of Person
Number ONE Auctions, LLC Firm/Company
Firm/Company
2661 Mercy Dr. Address
Address
ORlando, Florida 32808 City/State and Zip Code
Number one Auctions Florida @ 9 MAIL, COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven L. Francek at (407) 513-2441 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{125.00}{2}\$125.00 Filing Fee \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Effective Date 1/1/3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Number	ONE	Auctions	LLC		
		the words "Limited Li		, "L.L.C.," or "LLC	2.")
ARTICLE II -	Address:				

Principal Office Address:

ARTICLE I - Name:

26	61 M.	ercy i	OR.	

Mailing Address:

2661 Mercy Dr. Orlando, Florida 32808

The name of the Limited Liability Company is:

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:

Steven L. F	Froncek
Name	
2661 Mercy b) _R
Florida street addre	ss (P.O. Box NOT acceptable)
ORlando	FL 32808
City, State	, 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)

Page 1 of 2

SECRETARY OF STATE

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	Steven L. Francek 2661 Mercy Dr. ORLANDE, Florida 32808
(Use attachment if necessary)	
FICLE V: Effective date, if other than the in effective date is listed, the date must r to or 90 days after the date of filing.)	date of filing: $\frac{1}{1/3}$ (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	L. Proncek r or an authorized representative of a member.
(In accordance with section 608, constitutes an affirmation under I am aware that any false inform	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
	as provided for in s.817.155, F.S.)
<u>Steven</u> Typ	
Steven Type Filing Fees:	as provided for in s.817.155, F.S.) L. FRONCEL ped or printed name of signee
	as provided for in s.817.155, F.S.) L. FRONCEK ped or printed name of signee 12 DEC NOTE OF THE O