4000006693

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Effective Date 1914

SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
14 JAN - 9 PM 1: 39



· .	C	OVER LETTER	'».
	stration Section sion of Corporations		,
	One Day Closer	·.LLC.	
SUBJECT:		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:	
5	Susie Funderbur	·k	
_		Name of Person	 .
_		Firm/Company	
3	3002 SW 51 Lan	ie	
. —		Address	
(Gainesville, FL	32608	
_	· 4000 0 1	City/State and Zip Code	
<u> </u>	sfun1228@aol.com E-mail address	: (to be used for future annual report notification)	
For further in	formation concerning this matter, p	lease call:	
	-		
- Ousie	Name of Person	Area Code Daytime Telephone Number	
		<u> </u>	
Enclosed is a	check for the following amount:		
\$125.00 Filin	sg Fee	S155.00 Filing Fee & S160.00 Filing Fee & Certificate of Stat (additional copy is enclosed) Certified Copy (additional copy is en	us &
	Mailing Address	Street/Courier Address	DIVISION OF CORPORATE
	Registration Section Division of Corporations	Registration Section Division of Corporations	-
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	ORPC
	i ununussee, t D J2J t T	Tallahassee, FL 32301	- RA

119/14 Effective Date Effective D

The name of the Limited Liability (Company is:		
One Day Closer, LLC.			
(Must end wit	th the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principa	nal office of the Limited Liability Company is:	
Principal Office Address:	<u>M</u>	lailing Address:	
8002 SW 51 Lane		8002 SW 51 Lane	
Gainesville, FL 32608		Gainesville, FL 32608	
The name and the Florida street add	ourk	lame	
8002 SW 51 L			
Florida str	eet address (P.O.	Box NOT acceptable)	
Gainesv	ine	FL 32608	
	City	Zip	
the place designated in this cert capacity. I further agree to comp	tificate, I hereby ac ly with the provisi with and acc gp t the	pt service of process for the above stated limited liability com accept the appointment as registered agent and agree to act in ions of all statutes relating to the proper and complete perfor we obligations of my position as registered agent as provided j Chapter 605, F.S	n this mance

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	Susie Funderburk 8002 SW 51 Lane
	Gainesville, FL 32608
	Gainesvino, i E 32000
Use attachment if necessary)	
ctive date is listed, the date must be sp f filing.)	e of filing: 1/9/2014 (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp	
V: Effective date, if other than the date ctive date is listed, the date must be sp filling.)	
V: Effective date, if other than the date stive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section)	embler or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date entire date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation of the section of the se	embler or an authorized representative of a member.

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)

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