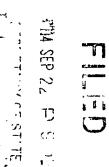
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B. BOSTICK SEP 2 3 2014

EXAMINER

TO: Registration Section Division of Corporations	
SUBJECT: Phoenix One 2LC. 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:	
John Bui	
Name of Person	
Phoenix One	
Firm/Company	
277 S. 61st Ale	
Address	
Pensacola, FC 32506	
City/State and Zip Code DUDNGU BUT 87 @ yahoo. JE-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	3.5
Duong Pham at (850) 607-8929. Name of Person Area Code Daytime Telephone Number	FF 22
Enclosed is a check for the following amount:	T
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee & 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 Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	d Liability Company is:			
Phoe	Aust end with the words "L	LLC.	mpany "L.L.C." or "	LLC")
ARTICLE II - Address				
Principal Office Addre	ess:	Mailing A	Address:	
777 5.415+ A	Au	277	5.615+ Ave	
PRUSACO LA IF	6 32506	_ <u></u>	sacola, Fl	3004
(The Limited Liability C	tered Agent, Registered C Company cannot serve as i with an active Florida reg	ts own Registered A	d Agent's Signature: Agent. You must desig	nate an individual or
	da street address of the reg			
	Sandy P 277 S. 615+	Name		
	277 5.615+	Aue		
	Florida street address (P.			
	Pensacola	FL	3 23 0b	
the place designated capacity. I further ag	d in this certificate, I hereby tree to comply with the prov am familiar with and accept	y accept the appoints visions of all statutes	ment as registered age relating to the proper ny position as registere	and complete performance
	registered rigent	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•
		NTINUED)		

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MOOR AMBR	John Bui
	277 5.6154 Auc Pensacola, FC 32506
AMBR	Kinh Pham
	277 5.615+ Ase Pensocola, FL 32502
	PM 20 COUR 1 P C 3 C 3 C
	•
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 da
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CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Ignature of the date must be expected to the constitutes an affirmation	a member or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Ignature of the effective date is listed, the date must be effective date in affirmation I am aware that any false is series.	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Ignature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Ignature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State

Page 2 of 2