L1400015489a

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	_	
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•	J	
2-		

Office Use Only



500264144045

09/15/14--01023--009 **125.00

Effective Date 9 | 29 | 14

SECRETARY OF STATEMS

OCT O 3 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Online Marketing, LLC Name of Lin	mited Liability Company
The enclosed Articles of Organization and fee(s) a	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Anyelv Difato	Name of Person
Online Marketing, LLC	Firm/Company
308 Oakhaven Court	Address
Saint Augustine, FL 32092	City/State and Zip Code
anyely8@gmail.com E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, ple	ase call:
Anvely Difato at (at (at (at (305) 490-7638 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: [2] \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2014

ANYELY DIFATO 308 OAKHAVEN COURT SAINT AUGUSTINE, FL 32092

SUBJECT: ONLINE MARKETING, LLC

Ref. Number: W14000057696

SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS

We have received your document for ONLINE MARKETING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is L12000139166.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 814A00020199

Effective Date 9 29 14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Online Marketing, LLC (Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
308 Oakhaven Court Saint Augustine, FL 32092	308 Oakhaven Court Saint Augustine, FL 32092
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis The name and the Florida street address of the regis	own Registered Agent. You must designate an individual or tration.)
Anyely Difato	Name
308 Oakhaven Court Florida street address (P.O	Box NOT acceptable)
Saint Augustine City	FL 32092 Zip
the place designated in this certificate, I hereby of capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept to	ept service of process for the above stated limited liability company of accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance he obligations of my position as registered agent as provided for in Chapter 605 F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authoriz e d "MGR" = Manager	Name and Address: Member
AMBR	Anyely Ditato
	308 Oakhaven Court
	Saint Augustine, FL 32092
·*·	•
	And the state of t
(Use attachment if nece	essary)
EV: Effective date, if octive date is listed, the filling.)	other than the date of filing: 5 (P + 29 Z0) (OPTIONAL) e date must be specific and cannot be more than five business days prior to or 9
ective date is listed, the of filing.)	e date must be specific and cannot be more than fi√e business days prior to or 9
ective date is listed, the of filing.)	e date must be specific and cannot be more than fi√e business days prior to or 9
ective date is listed, the of filing.) E VI: Other provisions,	e date must be specific and cannot be more than fi√e business days prior to or 9 if any.
ective date is listed, the of filing.) E VI: Other provisions, REOUIRED SIGNAT (In accordance constitutes are I am aware ti	e date must be specific and cannot be more than fi√e business days prior to or 9 if any.
E VI: Other provisions, E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes are I am aware the constitutes are constitutes are constitutes are constitutes are constitutes are series.)	if any. Signature of a member or an authorized representative of a member. See with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. That any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)
E VI: Other provisions, E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes are I am aware the constitutes are constitutes are constitutes are constitutes are constitutes are series.)	if any. CURE: Glynature of a member or an authorized representative of a member. Ce with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. That any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)
ctive date is listed, the f filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes a l am aware the constitutes a light constitute a light constit	if any. **CURE: ** **Grand cannot be more than five business days prior to or 9 if any. ** ** ** ** ** ** ** ** **
E VI: Other provisions, E VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes are a may are the constitutes are signatures ar	if any. **CURE: ** **Grand Country States of A member or an authorized representative of a member.** **Coe with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.) **Anyely Difato** Typed or printed name of signee **Filing Fees:* **Or Articles of Organization and Designation of Registered Agent**
ctive date is listed, the f filing.) E VI: Other provisions, REQUIRED SIGNAT S (In accordance constitutes a l am aware the constitutes a light constitute a light constit	if any. **CURE: ** **Grant of a member or an authorized representative of a member.** **Ce with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. nat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.) **Anyely Difato** Typed or printed name of signee **Filing Fees: or Articles of Organization and Designation of Registered Agent opy (Optional)

ARTICLE IV-

Page 2 of 2