

L14000164091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-64735. 605

Office Use Only



500263486445

09/02/14--01056--012 **130.00

FILED

2014 OCT 20 P 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. L. STICK
OCT 21 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One School of the Arts, 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:

Stephen D. Lentz, Esq.

Name of Person

Lentz Law Group, PLC

Firm/Company

2610 Potters Road, Suite 108

Address

Virginia Beach, Virginia 23452

City/State and Zip Code

rononechurch@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Johnson

at (407) 920-9934

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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

RECEIVED BY STATE
TALLAHASSEE, FL 32301

2011 OCT 20 PM 4:56

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

One School of the Arts, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1675 Dixon Road

Longwood, Florida 32779

Same

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:

Ron Johnson

Name

1675 Dixon Road

Florida street address (P.O. Box NOT acceptable)

Longwood

City

FL 32779

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 605, F.S..



Registered Agent's Signature (REQUIRED)

Ron Johnson

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 20 P 4: 56

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGRM

One Church USA, Inc.

1675 Dixon Road

Longwood, FL 32799

By: Ron Johnson, Manager

MGR

Ron Johnson

1675 Dixon Road

Longwood, FL 32779

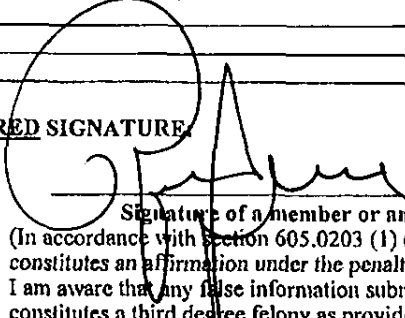
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE


Signature of a member or an authorized representative of a member.
(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ron Johnson

Typed or printed name of signee

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)

FILED
2014 OCT 20 P 4:56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

STEPHEN D. LENTZ, ESQ.
2610 POTTERS ROAD
SUITE 108
VIRGINIA BEACH, VA 23452

SUBJECT: ONE SCHOOL OF THE ARTS, LLC
Ref. Number: W14000054735

We have received your document for ONE SCHOOL OF THE ARTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00019143

FILED
2014 OCT 20 P 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA