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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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SECREJARY OF STATE
TALLAHASSEE, FLORIDA

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## COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJE	CT: Since Day 1, LLC Name of Li	imited Liability Company	
The enc	losed Articles of Organization and fee(s) a	are submitted for filing.	
Please r	eturn all correspondence concerning this r	natter to the following:	
	Adolphe Rodny Felix		
		Name of Person	
	Since Day 1, LLC		
		Firm/Company	
	1040 NE 7th Avenue, Apt. 30		
		Address	
	Fort Lauderdale, Florida 33304		
0.		City/State and Zip Code	
210	ceDOne@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For furtl	ner information concerning this matter, ple	ease call:	
Adoloh	e Rodny Felix at (	754 ) 367-9949	
7 GOIDTI	Name of Person		lephone Number
Enclose	d is a check for the following amount:		
<b>□</b> \$125.00	Filing Fee \$\alpha\$\$ \$\alpha\$\$ \$\sigma\$\$ \$\alpha\$\$ 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	Street/Courier Add Registration Section Division of Corporat	

P.O. Box 6327 Taliahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

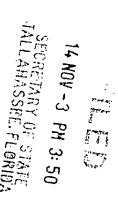
## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Since Day 1, LLC	
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Since Day 1, LLC 1040 NE 7th Avenue, Apt. 30 Fort Lauderdale, FL 33304	Since Day 1, LLC  1040 NE 7th Avenue, Apt. 30  Fort Lauderdale, FL 33304
another business entity with an active Florida registr	own Registered Agent. You must designate an individual or ration.)
The name and the Florida street address of the regist	tered agent are:
<u>Jessica Bartell c/o Clark F</u> N	Robb, P.A. Jame
7501 Wiles Road, Suite 2 Florida street address (P.O.	
Coral Springs	FL 33067
City	Zip
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provisi of my duties, and I am familiar with and accept th	pt service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this ions of all statutes relating to the proper and complete performance to obligations of my position as registered agent as provided for in Chapter 605, F.S

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Adolphe Rodny Felix
MOI!	1040 NE 7th Avenue, Apt. 30
	Fort Lauderdale, FL 33304
<del></del>	
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(Use attachment if necessary)	
or ming.)	
E VI: Other provisions, if any.	
E VI: Other provisions, if any,	A
E VI: Other provisions, if any,  REQUIRED SIGNATURE:	bi
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	nber or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
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