

From: Amy Shiwnarain

Fax: (07) 298-3900

To:

Fax: (1) 850-617-6383

Page 5 of 5 01/21/2015 11:20 AM

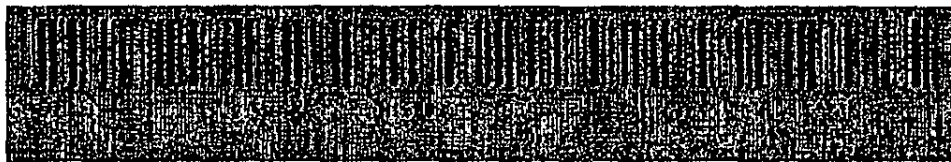
1/19/2015

**L15000011503**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000014510 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407)298-3900  
Fax Number : (407)298-0660

**EFFECTIVE DATE**

**1/20/15**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JAN 21 AM 10:18

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**FLORIDA LIMITED LIABILITY CO.  
ONE-365 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

15 JAN 20 AM 10:00

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BUREAU OF COMMERCIAL  
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850-617-6381

1/21/2015 9:59:04 AM PAGE 1/001 Fax Server



January 21, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A. ALI, CPA

SUBJECT: ONE-365 LLC  
REF: W15000004161

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Document received on 01/20/15.

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.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000014510  
Letter Number: 415A00001177

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ONE-365 LLC**

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

**ARTICLE II - Address:**

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

**392 DOMINO DRIVE  
ORLANDO, FL 32805**

**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:

**CRAIG JEREIDS  
392 DOMINO DRIVE  
ORLANDO, FL 32805**

*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..*

  
CRAIG JEREIDS/ Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

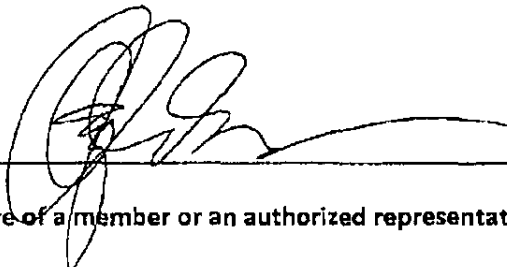
"MGRM" = Managing Member

**CRAIG JERElds- MGRM**  
**392 DOMINO DRIVE**  
**ORLANDO, FL 32805**

**ARTICLE V: Effective date, if other than the date of filing: 01/20/2015**

(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.)

**REQUIRED SIGNATURE:**

X 

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. )

**CRAIG JERElds**

\_\_\_\_\_  
Typed or printed name of signee

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