

L15000122121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

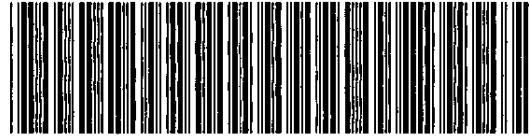
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 JUL 14 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*ce

7/23/15

**Brian M. Artze  
One For the Inlaws, LLC  
5912 Pelican Bay Plaza S.  
Gulfport, FL 33707**

June 1, 2015

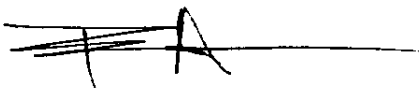
Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: One For the Inlaws, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

A handwritten signature in black ink, appearing to be 'B. Artze', is written over a horizontal line.

Brian M. Artze  
One For the Inlaws, LLC

Enclosures

check stapled here

## **ARTICLES OF ORGANIZATION**

of

### **ONE FOR THE INLAWS, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is One For the Inlaws, LLC

#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any lawful business or activity permitted under the laws of the State of Florida or the United States of America.

#### **ARTICLE IV – ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

5912 Pelican Bay Plaza S.  
Gulfport, FL 33707

The organization's mailing address shall be as follows:

5912 Pelican Bay Plaza S.  
Gulfport, FL 33707

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## **ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Brian M. Artze  
5912 Pelican Bay Plaza S.  
Gulfport, FL 33707

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.



**Brian M. Artze, Registered Agent**

## **ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Brian M. Artze  
5912 Pelican Bay Plaza S.  
Gulfport, FL 33707

## ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Brian M. Artze  
5912 Pelican Bay Plaza S.  
Gulfport, FL 33707

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 1<sup>st</sup> day of June, 2015

  
Brian M. Artze

STATE OF FLORIDA     )  
COUNTY OF PINELLAS    )

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Brian M. Artze, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL. Dr. License as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 1<sup>st</sup> day of June, 2015

  
Notary Public, State of Florida at Large  
My Commission Expires:

