L15000177799

(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:	
i E		
	1	•

Office Use Only



900277698779

900277698779 10/13/15--01008--016 **155.00

5 UCT 13 PH 2: 41

Brian M. Artze One For You, Too, LLC 5912 Pelican Bay Plz. S. Gulfport, FL 33707

September 30, 2015

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

Re: One For You, Too, 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,

Brian M. Artze

One For You, Too, LLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

FILLED
SECRETARY OF STATE
TALLAMASSEE. FLORIDA
15.0CT 13 PM 2:41

of

ONE FOR YOU, TOO, 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 You, Too, 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 Plz. S. Gulfport, FL 33707

The organization's mailing address shall be as follows:

5912 Pelican Bay Plz. S. Gulfport, FL 33707

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 Plz. 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 Plz. S. Gulfport, FL 33707

15 OCT 13 PM 2: 1.1

ARTICLE VII - SIGNER

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

Brian M. Artze 5912 Pelican Bay Plz. 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 Articles of Orga				has	executed	these
	A		,			
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 ________ 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 30 day of September, 2015

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



SECRETARY OF STATE ALL ASSESSED A STATE ALL ASSESSED ALL ASSESSED ALL ASSESSED ASSESSEDAD ASSESSED ASSESSEDAD ASSESSED ASSESSEDAD ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED