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11/10/16--01013--004 **130.00

SECRETARY OF ACTION INVISION OF COMMANDE ACTION ACTION

EFFECTIVE DATE 01/01/17

11/15/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dne Heart One Mind Dne TRIBE, 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:
Margaret E. Schluter.
Name of Person
Firm/Company
3068 NW 27th Terrace Address
Address
Boca Raton, FL. 33434
Boca Raton, FL. 33434 City/State and Zip Code magioakley@aol.com
magioakley@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Magi Schluterat (561) 213-4027 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
OneHeart OneMin	d One TRIBE, LLC.
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
2060 Alu 27th terrain	2010 All 27th Terror

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:

Mara	aret E	. Sch	rluter
J	Name		
3068 N	<u>w 27±</u>	1 ten	race
Florida street address	(P.O. Box <u>N</u> C	OT accepta	ıble)
BocaRo	uton .	FL	33434
City	State		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 (REQUIRE

(CONTINUED)

Page 1 of 2

711K NOV 10 PM 2: 15

SEUN DE CASE SECTIF

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager _AMBR	Leena S. Schluter
	Boca Raton, FL 33434
MGR	MagairtSchluter
	Boca Raton, FL 33434
(Use attachment if necessary)	
	reduce of filing: January 1, 2017 (OPTIONAL)
CLE V: Effective date, if other than the	(Or HOWAL)
e of filing.)	ne date of filing: <u>January 1, 2017</u> . (OPTIONAL) the specific and cannot be more than five business days prior to or 90 c
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Filing Fees:

MargaretESchluter
Typed or printed name of signee

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.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)