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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Cenified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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WALK IN

	PICK U	P: <u>11/04/2019</u>
	CERTIFIED COPY	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Chosen ONE Futo Brokers 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:
JAMES Veasey JA Name of Person
Chosen ONE AG10 Brokens LLC Pirm/Company
701 NE 1St AVE Suite #3;4
POMPANO BEACH F1 33060 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Veasey That (954) 870.8665 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 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, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain	Sen ONE the words "Limited Liabil	Acto Bro lity Company, "L.L.C	kers LLC C," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office	of the Limited Liabil	ity Company is:
Principal	Office Address:		Mailing Address:
701 Nr 154	1 AVE #3 14	7.	OL WE 151 AVE Suite "
Pompana Sea ARTICLE III - Registered Agen The Limited Liability Company o		egistered Agent's Si	
ARTICLE III - Registered Agen	t, Registered Office, & Re annot serve as its own Regi tive Florida registration.)	egistered Agent's Signstered Agent. You m	gnature:
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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 (REQUIRED)

(CONTINUED)

2319110V -1 AH 11:53

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MANAGing Member	JAMES VERSEY JIL 2730 NY STL GT POMPANO BEACH, F133069
(Use attachment if necessary)	
	(OBOTOLIAE)
Sective date is listed, the date must be specific a of filling.) If the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 do ne applicable statutory filing requirements, this date will not be
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ffective date is listed, the date must be specific at of filling.) If the date inserted in this block does not meet the nument's effective date on the Department of States. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	and cannot be more than five business days prior to or 90 d ne applicable statutory filing requirements, this date will not b

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)