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(Rec	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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MULTHASSEE OF BUILDING

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: We are One Services 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:
Mathy Harp Name of Person
Weare one Services 11C
603 SOhio Ave
Address
Orlando, Florida 32805 City/State and Zip Code
Weareone Services IIC a grant a con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Catholic Harmonian
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e One Ser	
(Must con	atin the words "Limited Liability (Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal office of the	e Limited Liability Company is:
Princi	oal Office Address:	Mailing Address:
1-122 0	\bigcirc 1 . \bigcirc 10	
005	- Chic Five	603 S. Ohio Ave
(The Limited Liability Companianother business entity with an		ed Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.)	ed Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.)	ed Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.)	ed Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.) address of the registered agent and hope warms. Name	ed Agent. You must designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

1000

The name and address of each person authorized to manage and control the Limited Liability Company:

BR" = Authorized Member I" = Manager ACA AVE NOTION F1 32811 Authorized Member AVE NOTION F1 32811 Authorized Member AVE NOTION F1 32811	<u> </u>
Marcus Williams - 409 Wi Ave joriumulo F1 32811	<u>l'm</u> e
Ave joriundo +1 32811	
ttachment if necessary)	~
ttachment if necessary)	~
ttachment if necessary)	
ttachment if necessary)	—
ttachment if necessary)	
Effective date, if other than the date of filing: $3-13-2020$. (OPTIONAL)	
effective date on the Department of State's records. Other provisions, if any.	
	
UIRED SIGNATURE.	
Allankun C. M. Lilldam	
The months of the many	
Signature of a member or an authorized representative of a member.	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statute 1 am aware that any false information submitted in a document to the Department of Sta	
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