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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CORPOLICENSE, INC
Account Number : I20050000118
Phone : (305)774-9606
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Email Address: gastongil jr 2 @ gmail.com

FLORIDA LIMITED LIABILITY CO. THE ONE TRUE GROUP, LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
THE ONE TRUE GROUP, LLC**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

THE ONE TRUE GROUP, LLC

ARTICLE II - ADDRESS:

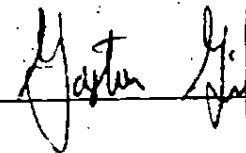
The mailing and principal address of the Limited Liability Company is:

**17424 NW 48th Place
Miami Gardens, FL 33055**

**ARTICLE III - Registered Agent, Registered Office, & Registered
Agent's Signature:**

The Registered Agent designated is: **GASTON GIL**

**GASTON GIL
17424 NW 48th Place
Miami Gardens, FL 33055**



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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.

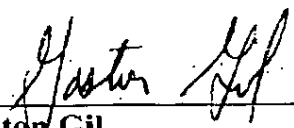
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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>TITLE:</u>	<u>NAME AND ADDRESS</u>
MGR	GASTON GIL 17424 NW 48th Place Miami Gardens, FL 33055



**Gaston Gil
 Manager**

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(In accordance with section 605.0201, Florida Statutes,
 The execution of this document constitutes an affirmation under
 The penalties of perjury that the facts stated herein are true)

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