L22000214318

Office Use Only



500386740115

PILED 2022 HAY 18 AH 9: 54 SECURE TANA SEE, FILE

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE5	5/18/202 <u>:</u> 	<u>2</u>		**WALK IN**
ENTITY N	AME	One Title LLC		
DOCUME	NT NUMB	ER		
		PLEASE	FILE THE ATTACHED AND RETURN	
xxxxxxx	xx	Plain Copy		
	· · · · · · · · · · · · · · · · · · ·	Certified Copy		
		Certificate of a	Status	
		PLEASE OBTAIN	N THE FOLLOWING FOR THE ABOVE ENTITY	
		Certified Copy	of Arts & Amendments	
	·- 	Certified Copy	of Arts & Amendments Complete File (Including Annual Re	ports)
		Certificate of s	Status	
		Certificate of a	Status Reflecting:	
		4P0ST/[LLE' / NOTARIAL CERTIFICATION	
COUNTRY	OF DESTII	NATION		
			D	_
TOTAL OV	ved s 12	25.00	ACCOUNT # 120160000072	~: C>W
Please ca	ll Tina a	t the above number	r for any issues or concerns. Thank you so	much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			FILED
	One 1	Title LLC		2022 HAY 18 AM 9: 54
·	ntain the words "Limited	_	y, "L.L.C" or "LLC.")	SECRETARY OF STATE TALLAHASSEE, FL
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limite	ed Liability Company is:	44.16
<u>Princ</u>	ipal Office Address:		Mailing Add	ress:
3250 Mary St. Suit Miami, FL 33133	e 520		50 Mary St. Suite 520 iami, FL 33133	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an The name and the Florida street	ny cannot serve as its own n active Florida registration et address of the registere	n Registered Agent on.)		dividual or
	3250 Mary St. Suite	520		
	Florida street address (P.O. Box NOT acceptable)			
	Miami	FL	33133	
	City	State	Zip	
Having been named as registered place designated in this certifical further agree to comply with the am familiar with and accept the design of the familiar with and accept the design.	te, I hereby accept the app provisions of all statutes r obligations of my position /s/	cointment as registed elating to the proper as registered agent Daniel De La Ve	ered agent and agree to act er and complete performan it as provided for in Chapte	in this capacity. I ce of my duties, and I
		(CONTINUED	N	

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Author	
"MGR" = Manage	
MGR	Daniel De La Vega
	3250 Mary St. Suite 520 Miami, FL 33133
	Wiami, PL 33133
	SECULE TALL
	TPC P
	→
	1 2 8
	S _
	——————————————————————————————————————
(Use attachment if	necessary)
	e, if other than the date of filing: (OPTIONAL)
	l, the date must be specific and cannot be more than five business days prior to or 90 day
e of filing.)	
	n this block does not meet the applicable statutory filing requirements, this date will not be l
cument's effective da	ite on the Department of State's records.
CLE VI: Other provisi	ione (Come
LE VI. Other provisi	ions, ii any.
REQUIRED SIG	NATURE:
	/s/ Daniel De La Vega
	Signature of a member or an authorized representative of a member.
	nis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	im aware that any false information submitted in a document to the Department of State
co	nstitutes a third degree felony as provided for in s.817.155, F.S.
	Daniel De La Vega
	Daniel De La Vega Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)