

L23000088750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

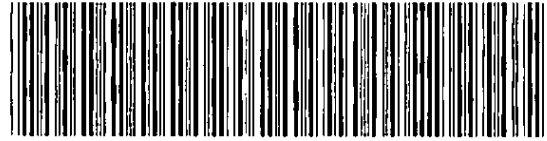
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



200402806852

FILED

2023 FEB 27 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FL 32311

RECEIVED

2023 FEB 27 PM 1:10

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from acct: 120210000160 AMOUNT: 125.00

AUTHORIZATION: Jan Fulk

ONE LINK SYSTEMS LLC  
Business Name Document #

     **Certified Copy of Articles of Organization**  
**Certificate of Status**

**NEW FILINGS**

- Profit Corp
- Not for Profit
- X   Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Authority**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE      Country

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from acct: 120210000160 AMOUNT: 125.00

AUTHORIZATION: Jan Fuchs

ONE LINK SYSTEMS LLC  
Business Name Document #

     **Certified Copy of Articles of Organization**  
**Certificate of Status**

**NEW FILINGS**

- Profit Corp
- Not for Profit
- X   Limited Liability
- Domestication
- Other
- CORP**
- LLLP**

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE      **Country**

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: ONE LINK SYSTEMS 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:

Deborah Lancia Ruiz  
\_\_\_\_\_  
Name of Person  
  
Jimerson Birr, P.A.  
\_\_\_\_\_  
Firm/Company  
  
One Independent Drive, Suite 1400  
\_\_\_\_\_  
Address  
  
Jacksonville, FL 32202  
\_\_\_\_\_  
City/State and Zip Code  
  
michael.sabatier@zabatt.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Lancia Ruiz                      904                      389-0050  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION**

**OF**

**ONE LINK SYSTEMS LLC**

A Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 FEB 27 AM 8:57

**FILED**

**ARTICLE I – NAME**

The name of the limited liability company shall be:

ONE LINK SYSTEMS LLC

(hereinafter the “Limited Liability Company”).

**ARTICLE II – ADDRESS**

The address of the principal office and place of business of the Limited Liability Company shall be:

4612 Highway Avenue  
Jacksonville, FL 32254

The mailing address of the Limited Liability Company shall be:

4612 Highway Avenue  
Jacksonville, FL 32254

The Manager may change or otherwise establish the principal office and place of business of the Limited Liability Company. Business of the Limited Liability Company may be carried on at such other places as may from time to time be authorized by the Manager.

**ARTICLE III – EXISTENCE**

The Limited Liability Company shall have a perpetual existence.

**ARTICLE IV – EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be the date of filing of these Articles of Organization.

**ARTICLE V – PURPOSE**

The purpose of this Limited Liability Company is for any and all lawful business.

**ARTICLE VI – MANAGEMENT**

The Limited Liability Company will be manager-managed. The affairs of the Limited Liability Company shall be managed by a Manager, who shall have the powers, duties, and functions as set forth in the Operating Agreement.

The names and address of the person who is to serve as initial Manager of the Limited Liability Company and is authorized to manage and control the Limited Liability Company until the election or appointment of a successor is as follows:

J. Michael Sabatier  
4612 Highway Avenue  
Jacksonville, FL 32254

**ARTICLE VII – INITIAL REGISTERD OFFICE AND AGENT**

The initial registered agent for this Limited Liability Company shall be:

J. Michael Sabatier  
4612 Highway Avenue  
Jacksonville, FL 32254

**ARTICLE VIII – AMENDMENT TO ARTICLES OF ORGANIZATION**

These Articles of Organization may be amended in the manner provided by the Operating Agreement of the Limited Liability Company.

**FILED**  
2023 FEB 27 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes



J. Michael Sabatier, Member and Manager

REGISTERED AGENT

The undersigned certifies that he is familiar with and accepts the responsibilities of registered agent.

REGISTERED AGENT:



By: J. Michael Sabatier  
4612 Highway Avenue  
Jacksonville, FL 32254

**FILED**  
2023 FEB 27 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FL