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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
ONE STOP ORLANDO WHOLESALE LLC**

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ONE STOP ORLANDO WHOLESALE 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:

ANGELA RAMIREZ VILLALBA

Name of Person

Firm/Company

3820 GUERNSEY BEND

Address

SAINT CLOUD, FL 34772

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA RAMIREZ VILLALB. 786 702-3112
at ()
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONE STOP ORLANDO WHOLESALE LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:3820 GUERNSEY BEND
SAINT CLOUD, FL 34772Mailing Address:3820 GUERNSEY BEND
SAINT CLOUD, FL 34772**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ANGELA RAMIREZ VILLALBA

Name

3820 GUERNSEY BENDFlorida street address (P.O. Box **NOT** acceptable)

<u>SAINT CLOUD</u>	<u>FLORIDA</u>	<u>34772</u>
City	State	Zip

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.

Angela Ramirez Villalba

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGRANGELA RAMIREZ VILLALBA
3820 GUERNSEY BEND
SAINT CLOUD, FL 34772MGRGONZALO A PENA
3820 GUERNSEY BEND
SAINT CLOUD, FL 34772MGRCLARA I HERRERA
3820 GUERNSEY BEND
SAINT CLOUD, FL 34772MGRCARLOS J RIVERA
3820 GUERNSEY BEND
SAINT CLOUD, FL 34772

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ANGELA RAMIREZ VILLALBA

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)

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