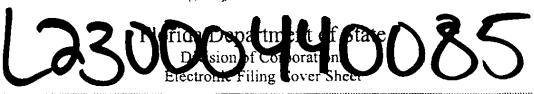
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(((H23000334539 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX Account Number : I20200000010 Phone : (497)777-7470 fax Number : (321)206-9743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO. ONE STOP ORLANDO WHOLESALE LLC

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COVER LETTER

	w Filing Section vision of Corporation	15			
SUBJECT	ONE STOP ORLA	NDO WHOLESA	ALE LLC		
SUDJECT	•	Name of Li	mited Liabilit	y Company	
The enclose	ed Articles of Organiza	ition and fee(s) a	re submitted i	for filing.	
Please retur	n all correspondence o	concerning this re	uatter to the fo	llowing:	
	ANGELA RAMIREZ	VILLALBA			
			Name of I	Person	
			Firm/Con	npany	
	3820 GUERNSEY B	END			
			Addre	ss	
	SAINT CLOUD, FL	34772			
		!	City/State and	Zip Code	
•	E-mail ac	dress: (to be use	d for future as	inual report notificati	on)
For further in	aformation concerning	this matter, plea	se call:		
	ANGELA RAMIREZ		786	702-3112	
	Name of Pers		Area Code	Daytime Telephone	e Number
Enclosed is	s a check for the follow	ring amount:			:
□\$125.00		0.00 Filing Fee & Teate of Status	Certific	i.00 Filing Fee & rd Copy of Copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Addry New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	tion rporations		Street Address New Filing Section Di The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	ivision assec et, Suite 810

A23000 334539 3

	TYZOŁOŁCZZENALIOZ ŁOK E	LORIDA LIMITED LIA	ABILITY COMPANY
ARTICLE I - Name: The name of the Limited	Liability Company is:		
	DP ORLANDO WHOLESALE		
(Mı	ist conatin the words "Limited 1.	iability Company, "L.	L.C.," or "LI.C.")
ARTICLE II - Address The mailing address and	: street address of the principal of	face of the Limited Lis	ability Company is:
j	Principal Office Address:		Mailing Address:
3820 GUERN	SEY BEND	3820 G	UERNSEY BEND
SAINT CLOU	D. FL 34772		CLOUD, FL 34772
	a street address of the registered ANGELA RAMIREZ	-	
	anno con representativas		
	3820 GIJERNSEY BE Florida street address	END	ptable)
	Florida street address	END (P.O. Box <u>NOT</u> acce	•
		END (P.O. Box <u>NOT</u> acce FLORIDA	•

(CONTINUED)

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

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litic:		Name and Address:
	horized Member	
MGR" – Man	iger	
MGR	<u></u>	ANGELA RAMIREZ VILLALBA
		3820 GUERNSEY BEND
		SAINT CLOUD, FL 34772
MGR		GONZALO A PENA
		3820 GUERNSEY BEND
		SAINT CLOUD, FL 34772
иGR		CLARA I HERRERA
		3820 GUERNSEY BEND
		SAINT CLOUD, FL 34772
4GR		ÇARLOS J RIVERA
		3820 GUERNSEY BEND
		SAINT CLOUD. FL 34772
V: Effective tive date is li- filing.)	ted, the date must be spe	of filing: (OPTIONAL) scific and cannot be more than five business days prior to or 90
V: Effective rtive date is li- filing.) he date inserte cent's effective	date, if other than the date ted, the date must be sped in this block does not me date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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