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

AUTHORIZATION SIGNATURE:	S ACCOUNT: 120210000160: \$125.00
1B2B LLC	
BUSINESS (Name)	Document #
Walk in Mail out Photocopy	Pick up time Will wait
Certified Copy	
Certificate of Status	20
<u>NEW FILINGS</u>	AMMENDMENTS Amendment
Profit Not for Profit X Limited Liability Domestication CORP LLLP INC	Amendment Resignation of Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Dissolution/_Reinstatement/Revocation Trademark
APOSTIL () Country	Other

EXAMINER'S INITIALS:____

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

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NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for Profit _XLimited LiabilityDomesticationCORPLLLPINC OTHER FILINGSAnnual ReportFictitious NameAPOSTIL()Country	Amendment Resignation of Officer/Director= Change of Registered Agent Dissolution/Withdrawal; Merger Conversion Conversion Foreign Filing Limited Partnership Dissolution/_Reinstatement/Revocation Trademark Other
	EXAMINER'S INITIALS:

COVER LETTER

	Vew Filing Sec Division of Co						
SUBJEC	1B2B LLC	:					
SUBJEC	ı; <u> </u>	Nan	ne of Lin	nited Liabil	ity Company		
The enclo	sed Articles of	Organization and	fee(s) are	submitted	for filing.		
Please reta	um all correspo	ondence concernin	g this ma	itter to the	following:		
	Haley Helbi	g					
				Name of	Person		
	Aspire Lega	l Solution PLLC					
				Firm/Co	mpany		
	1901 W. Co	lonial Drive					
				Addr	ess		11. 0.1.0 0.1.0
	Orlando, FL	32804					17. 6
	IB2BMGMT	@GMAIL.COM	Ci	ity/State an	d Zip Code		<u> </u>
			be used	for future a	nnual report notificat	ion)	
For further	information co	ncerning this matte	r, please	call:			
	Haley Helbig	;	40 at {		770-0100		LU - 1 - ₹₹ 1
	Nam	e of Person		ea Code	Daytime Telephon	e Number	
Enclosed i	s a check for t	he following amou	nt:				
	Filing Fec	□\$130.00 Filin Certificate of St	g Fee &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Fi Certificate of Certified Cop (additional cop)	Status &
	New F Divisio P.O. B	ig Address iling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section D The Centre of Tallah: 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:		P	r	ìı	n	c	i	p	13	ı	C)	ſ	Ì	Ī	c	e	į	١	d	C	ŀ	ress	:
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Mailing Address:

3101 SW 34th Ave	3101 SW 34th Ave
Ste 905-210	Ste 905-210
Ocala, FL 34474	Ocala, FL 34474

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:

Name

1901 W Colonial Drive

Florida street address (P.O. Box NOT acceptable)

Orlando FL 32804

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. Lefurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager		
MGR _ Manager	1B2B MGMT Trust 3101 SW 34th Ave., Stc 905-210 Ocala, FL 34474	
(Use attachment if necessary)		
ATTICLE V: Effective date, if other than the data an effective date is listed, the date must be seed the of filing.)	e of filing:	
EXTICLE V: Effective date, if other than the data in effective date is listed, the date must be seed ate of filing.) ote: If the date inserted in this block does not be document's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be listed at of State's records.	
RTICLE V: Effective date, if other than the data an effective date is listed, the date must be seed ate of filing.)	pecific and cannot be more than five business days prior to or 90 days after Compared the applicable statutory filing requirements, this date will not be listed a	

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)