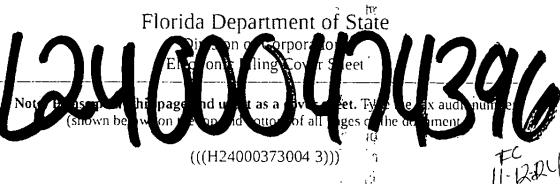
Division of Corporations



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC. Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

*****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.

onEins LLC

Certificate of Status	0
Certified Copy	, ,0
Page Count	03
Estimated Charge	1 \$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Limited Fr

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The name of the Limited Liability Company is:

onEins LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

, 3833 Powerline Rd

3833 Powerline Ad

. j.

FARM-Suite 101-K

Suite 1014K

Herrice Fort Lauderdale Florida 33309

Fort Lauderdalé:Florida 33309

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:

Northwest Registered Agent LLC

Name

7901 4th St N

STE 300

Zip

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70

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

St. Petersburg

337020

City

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

FL

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	ARTICLE The name as	IV- nd address of each p	erson auth	orized to manage	and control		Liability	Compan	y: -
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