

M220000002112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2022

COGENCY GLOBAL

SUBJECT: ONE OF ONE HOLDINGS, LLC
Ref. Number: W22000014356

We have received your document for ONE OF ONE HOLDINGS, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The available amount is listed as \$87.50, which is below the amount required to file for a limited liability company. Please provide an updated request form.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

STANTON H ROBERTS
Regulatory Specialist II

Letter Number: 822A00003118

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **February 08, 2022**

Account#: I20000000088

Name: **GREG PINTACUDA**

Reference #: **1593879**

Entity Name: **ONE OF ONE HOLDINGS LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger


☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Keep original filing date
as submission date

Authorized Amount: **\$125**

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: One of One Holdings, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sonia K. Lowe, Paralegal

Name of Person

Baker & Hostetler LLP

Firm/Company

200 Civic Center Drive, Suite 1200

Address

Columbus, Ohio 43215

City/State and Zip Code

RGebaide@bakerlaw.com

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

For further information concerning this matter, please call:

Sonia K. Lowe, Paralegal

614

598-3033

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. One of One Holdings, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(LL number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 506 Fleming Street
(Street Address of Principal Office)
Key West, Florida 33040

6. 506 Fleming Street
(Mailing Address)
Key West, Florida 33040

FILED
2022 FEB -7 PM 3:21
TALLAHASSEE, FL

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert A. Spottswood, Jr.

Office Address: 506 Fleming Street
Key West 33040
_____, Florida _____
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Robert A. Spottswood, Jr.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Robert A. Spottswood, Sr.
☐ Member Address: 506 Fleming Street
☐ Authorized Key West, Florida 33040
Person
☒ Other Chairman ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Robert A. Spottswood, Jr.
☐ Member Address: 506 Fleming Street
☐ Authorized Key West, Florida 33040
Person
☒ Other VP/Secretary ☐ Other

☒ Manager Name: William B. Spottswood, Jr.
☐ Member Address: 506 Fleming Street
☐ Authorized Key West, Florida 33040
Person
☒ Other CEO/President ☐ Other

☒ Manager Name: Michael Phillips
☐ Member Address: 506 Fleming Street
☐ Authorized Key West, Florida 33040
Person
☐ Other ☐ Other

☒ Manager Name: Damien Greenwood
☐ Member Address: 506 Fleming Street
☐ Authorized Key West, Florida 33040
Person
☐ Other ☐ Other

☒ Manager Name: Nathan David Workman
☐ Member Address: 506 Fleming Street
☐ Authorized Key West, Florida 33040
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

/s/ Robert A. Spottswood, Jr.

Signature of an authorized person

Robert A. Spottswood, Jr.

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE OF ONE HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE OF ONE HOLDINGS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6418782 8300

SR# 20220382424

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202584060

Date: 02-04-22