Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: DOOLEY & DRAKE, P.A.

Account Number : I20020000002

Phone

(941) 954-7750

Fax Number

: (941)951-1509

LIMITED LIABILITY COMPANY

ODD PROPERTIES, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: ODD F	PROPERTIES, L.L	.C.	
	(Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	abmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
		N DRAKE, ESQ.	
	a	Name of Person)	
	DOOLE	Y & DRAKE, P.A.	Fu 8 -
<u></u>		Firm/Company)	50 6
	1432 FII	RST STREET	ANS EEC P
		(Address)	70
	SARAS	OTA, FL 34236	
		State and Zip Code)	2 2 3
			DIT.
For further information c	oncerning this matter, please	eall:	
J. KEVIN DRA	KE	at (941) 954-77	50
	of Person)	at (941) 954-77 (Area Code & Daytime T	elephone Number)
Enclosed is a check for			
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ពន

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	PLANCIDA LAMILED LAMBILETT COMPACT
The name of the Limited Liability Company	y is:
ODD PROPERTIES, L.L.C.	
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C,")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
235 S. OSPREY AVENUE	235 S. OSPREY AVENUE
SARASOTA, FLORIDA	SARASOTA, FLORIDA
34236	34236
	SARASOTA, FLORIDA 34236 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	
J. KEVIN DRAKE, ES	iQ. 영원 이
N	ame
1432 FIRST STREE	:T
Florida stree	a address (P.O. Box NOT acceptable)
SARASOTA	FL 34236
City, St	ate, and 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 608, F.S.,

Register (Agent's Signature (REQUIRED)

(CONTINUED)
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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Meml	Name and Address:
MGRM	DEVIN RUTKOWSKI 324 JULIA PLACE SARASOTA, FLORIDA 34236
(Use attachment if necessary) LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL); e must be specific and cannot be more than five business days prio
REQUIRED SIGNATURE	ASSI ASSI
of this docum	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury its stated herein are true.)
J. KEVIN	Drane, Lou.
	Typed or printed name of signor

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