4/2000097706

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT JUL 17 2011				
EXAMINED				

Office Use Only

500237390435

07/13/12--01005--025 **125.00

COVER LETTER



· TO:

Registration Section
Division of Corporations

SUBJECT: Odom's Repair & Construction

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Odo	m					
		Name of Person	1		7.0	2012
Odom's Rep	air & Cons	truction			CCRE LLA	12
		Firm/Company			S	-
2716 A E. Ba	aldwin Roa	ad			13.5 13.5 15.5 15.5 15.5 15.5 15.5 15.5	3 - 7
		Address			97J	4
Panama City, FL					STATE STATE	
		y/State and Zip (Code		-	
MikeOdom5@gn						
E-mai	l address: (to be used f	or future annual	report notification)		
For further information concerning	ng this matter, please	e call:				
Michael Odom		at (850	<u>210-74</u>	91		
Name of Person		Area C	Code & Daytime To	elephone Number		
Enclosed is a check for the fol	lowing amount:					
\$125.00 Filing Fee \$130.0 Certi	00 Filing Fee & ficate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Fil Certificate Certified C (additional co	of Status opy	
Regist	ne Address ration Section on of Corporations	Regist	t/Courier Addre- tration Section ion of Corporation	_		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taltahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Odom's Repair & Constr	ruction, LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	•
2716A E. Baldwin Road	2716A E. Baldwin Road	
Panama City, FL	Panama City, FL	
32405	32405	
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's	Signature:
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	egistered Agent. You must designate an individ	
The name and the Florida street address of the	ne registered agent are:	2012 JUL SECRETA
Mike Odom		AHASSE
Na	me	Section 1
2716A E. Balo	lwin Road	PH C
Florida street	address (P.O. Box NOT acceptable)	SIA W

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Panama City

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORIM — Managing Memoer	ZEC TALLED
	
	CIP .
	PR SATE
	T.
(Use attachment if necessary)	
	1. CGI (OPTIONIAL)
CLE V: Effective date, if other than the	date of filing:
	e specific and cannot be more than five business days pri
90 days after the date of filing.)	
REQUIRED SIGNATURE:	
1 0	
M · / //	(1)4/
Muhai	1/Wm
Signature of a membe	r or an authorized representative of a member.
(In accordance with section 608	3.408(3), Florida Statutes, the execution of this document
constitutes an affirmation under	r the penalties of perjury that the facts stated herein are true.
I am aware that any false inform	nation submitted in a document to the Department of State
aggretitutas a third drawer fulau-	y as provided for in s.817.155; F.S.)

Michael Odom

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)