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SEGRETARY OF STATE
ALLAHASSEF, FI ORIGA

T. CLINE
JAN - 7 2013
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Lauren Odor, LLC

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:

Lauren Odor

Name of Person

Counseling Services

Firm/Company

4500 Executive Drive, Suite 105

Address

Naples, FL 34119

City/State and Zip Code

lauren.odor@gmail.com

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

For further information concerning this matter, please call:

Lauren Odor

...239

450-1486

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

□\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$160.00 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
_auren Odor, ELC (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabil	ity Comp	oany is:	
Principal Office Address:	Mailing Address:			
auren Odor, LLC	Lauren Odor, LLC			
\$500 Executive Drive, Suite 105	4500 Executive Drive, Suite 105			
Naples, FL 34119	Naples, FL 34119			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual	or another	2013 JAN -4	****
Lauren Odor	<u> </u>		A	
Name		RETARY OF STATE AHASSEE, FLORIB	+	America:
4500 Executive Drive, Suite 10		an in	I.	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	ES.	7	
Naples, FL 34119	FL	E SIE	•	
City, Sta	te, and Zip	7-	೮	

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..

Registered Agent's Signature (REQUIRED)

(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:

"MGRM" = Managing Member		
MGR	Lauren Odor	_
	4500 Executive Drive, Suite 105	_
	Naples, FL 34119	-
		_
		-
		_
		-
		-
		-
	<u> </u>	2013
		_
	A A	- A
(Use attachment if necessary)	SSA En	‡
LE V: Effective date, if other than the	ne date of filing: 1-1-2013 (OPFIC)NAL
ffective date is listed, the date mu	st be specific and cannot be more than five him	siness

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Lauren Odor

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)