

L14000069187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

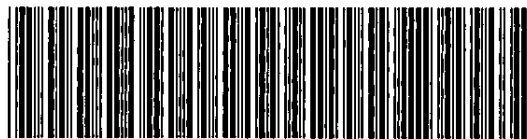
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400259091084

04/24/14--01025--025 **125.00

FILED

2014 APR 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. G. Sullivan

APR 29 2014

Mr. Christopher M. Delp
Post Office Box 21212
Tampa, Florida 33622-1212
delp@occidence.com
(813) 374-3390

CERTIFIED MAIL RETURN RECEIPT

Florida Department of State
Registration Section: Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

April 21, 2014

Re: Occidence Holdings, LLC

Dear Mr. Secretary:

Enclosed please find Occidence Holdings, LLC's Articles of Organization for filing.

Please return all correspondence concerning this matter to

Mr. Christopher M. Delp
Post Office Box 21212
Tampa, Florida 33622-1212
delp@occidence.com
(813) 374-3390

Enclosed is a check for \$125 for the filing fee.

Thank you in advance for your attention to this matter.

Respectfully,



Christopher M. Delp

ARTICLES OF ORGANIZATION
OCCIDENCE HOLDINGS, LLC

The undersigned Member hereby adopts the following Articles of Organization for Occidence Holdings, LLC, a Florida Limited Liability Company (the "Company"):

ARTICLE I
NAME

The Company's name is
OCCIDENCE HOLDINGS, LLC

ARTICLE II
ADDRESS

The Company's mailing address is
Post Office Box 21212
Tampa, Florida 33622-1212

The Company's principal office is
3301 Diamond Knot Circle
Tampa, Florida 33607-5820

ARTICLE III
REGISTERED AGENT

The Company's registered agent's name and Florida street address are

Christopher Delp
3301 Diamond Knot Circle
Tampa, Florida 33607-5820

Having been named as registered agent 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 am familiar with and accept the obligations of my position as registered agent as provided for in Florida Statutes, Chapter 605.


Christopher Delp

FILED
2014 APR 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV
MEMBER

The name and address of each person authorized to manage and control the Company is as follows:

AMBR	Christopher Delp
Authorized Member	Post Office Box 21212
	Tampa, Florida 33622-1212

ARTICLE V
EFFECTIVE DATE

These Articles of Organization are effective on the date and at the time of filing as evidenced by the Department of State's endorsement.

EXECUTION

In accordance with Florida Statutes, Chapter 605.0203(1)(b), these Articles of Organization's execution constitutes and affirmation under penalty 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 Florida Statutes, Chapter 817.155.



Christopher Delp

FILED
2014 APR 24 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA