P. 001/003

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. ODY PLUS SIX LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

APR - 1 2015

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Ody Plus Six LLC	
	Liability Company, "L.L.C.," or "LUC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Malling Address:
754 NW 135 Court Miami, FL 33182	754 NW 135 Court Miami, FL 33182
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Odalys Queeda	منسوب تستورين والمتاريخ
Name	,
754 NW 135 Court Florida street address (P.O. Box)	VOT acceptable)
	101 acceptable)
<u>.Miaml</u> City	FL 33182 Zip
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performancy attons of my position as registered agent as provided for in 605, FS.
(CONTINUE	D) TAKE
Page 1 of 2	医肾 第二

SELVEN SEEFF OR OR OR

Title:	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Odalys Quesada
	754 NW 135 Court
	Miami, FL 33182
	<u> </u>
	· <u> </u>
~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
	**
Use attachment if necessary)	
V: Effective date, if other than the date of the date is listed, the date must be spe	of filing:(OPTIONAL) eclfic and cannot be more than five business days prior to or 9
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CV: Effective date, if other than the date entire date is listed, the date must be specifilling.)  EVI: Other provisions, if any.  Signature of a mer (in accordance with section 604 constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of periory that the facts stated herein are true.
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