

L15000125543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

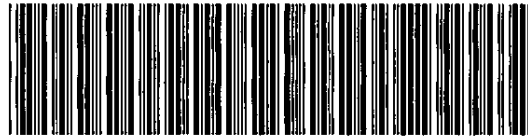
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07/09/15--01016--006 **160.00

FILED
2015 JUL 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O.d.d. MEDIA, LLC (OLD DUNCAN DIGITAL MEDIA, A LIMITED LIABILITY COMPANY)
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:

JERROD D. SIMPSON
Name of Person

Firm/Company

1839 SPRINGTIME AVE.
Address

CLEARWATER, FL 33755
City/State and Zip Code

jerd.simpson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERROD SIMPSON at (727) 225-8156
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$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 Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2015

JERROD D. SIMPSON
1839 SPRINGTIME AVE
CLEARWATER, FL 33755

SUBJECT: ODD MEDIA, LLC
Ref. Number: W15000047455

We have received your document for ODD MEDIA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

Letter Number: 815A00014822

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Odd Media, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

7/22/15
CORRECTED
MISTAKE

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

808 SPENCER AVE.
CLEARWATER, FL 33756

Mailing Address:

808 SPENCER AVE.
CLEARWATER, FL 33756

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JERROD SIMPSON

Name

1839 SPRINGTIME AVE.

Florida street address (P.O. Box NOT acceptable)

CLEARWATER FL 33755

City

State

Zip

2015 JUL 24 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

AMBR

JERROD SIMPSON
1839 SPRINGTIME AVE.
CLEARWATER, FL 33755

JUSTIN DAVIS
808 SPENCER AVE.
CLEARWATER, FL 33756

(Use attachment if necessary)

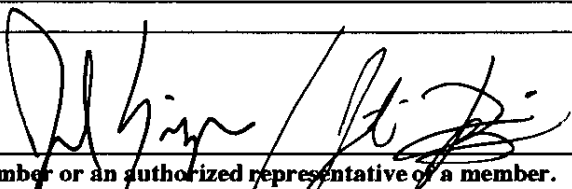
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0207 (1) (b), 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.)

JERROD SIMPSON / JUSTIN DAVIS
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)

\$160.00