115000129424

(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



000275214260

07/27/15--01009--018 **130.00

SECRETARY OF STATE
TALLABASSEE, FLORIDA

15 IIII 27 PM 2: 50

EFFECTIVE DATE July 23, 2015

COVER LETTER

D	ivision of Corporations
SUBJECT	Olga House LLC
000000	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Ken Arena, EA
	Name of Person
	Ken Arena, P.A. aka Ken Arena Accounting & Tax Service
	Firm/Company
	912 Lithia Pinecrest Road
	Address
	Brandon, FL 33511-6121
	City/State and Zip Code
	dianaskrypkar@gmail.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Ken Arena 813 341-2501
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	\$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status S160.00 Filing Fee, Certificate of Status & Certificate of Sta

Mailing Address

TO:

Registration Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

A'RTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mus	<u>.C</u>			
(st end with the words "Limited	Liability Company	"L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and st	reet address of the principal of	ffice of the Limited	Liability Company is:	
<u>P</u> 1	rincipal Office Address:		Mailing Address:	
1817 Raven M	anor Drive	1817	Raven Manor Drive	
				
Dover, FL 335	527-4948	Dove	er, FL 33527-4948	
RTICLE III - Registere	ed Agent, Registered Office,	& Registered Agen	t's Signature:	
RTICLE III - Registere The Limited Liability Connother business entity wi	ed Agent, Registered Office, on a pany cannot serve as its own than active Florida registration	& Registered Agen Registered Agent. Y)r
RTICLE III - Registere The Limited Liability Connother business entity wi	ed Agent, Registered Office, on a pany cannot serve as its own	& Registered Agen Registered Agent. Y	t's Signature:	55
RTICLE III - Registere The Limited Liability Connother business entity wi	ed Agent, Registered Office, on a pany cannot serve as its own than active Florida registration	& Registered Agen Registered Agent. Y	t's Signature:	55
RTICLE III - Registere The Limited Liability Connother business entity wi	ed Agent, Registered Office, on any cannot serve as its own than active Florida registration street address of the registered	& Registered Agen Registered Agent. Y	t's Signature:	15 JUL 27
RTICLE III - Registere The Limited Liability Connother business entity wi	ed Agent, Registered Office, on any cannot serve as its own than active Florida registration street address of the registered	& Registered Agent. Yn) agent are:	t's Signature:	15 JUL 27
RTICLE III - Registere The Limited Liability Connother business entity wi	ed Agent, Registered Office, on pany cannot serve as its own than active Florida registration street address of the registered Ken Arena, EA	& Registered Agent Negistered Agent Name	t's Signature: 'ou must designate an individual d	15 JUL 27 PH
RTICLE III - Registere The Limited Liability Contother business entity wi	ed Agent, Registered Office, on pany cannot serve as its own than active Florida registration street address of the registered Ken Arena, EA	& Registered Agent Negistered Agent Name	t's Signature: 'ou must designate an individual d	15 JUL 27

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized l	Name and Address: Member	
"MGR" = Manager		
AMBR	Diana Skrypkar	_
	1817 Raven Manor Drive	-
	Dover, FL 33527-4948	-
AMBR	David Skrypkar	_
	2304 Bellarosa Circle	_
	Royal Palm Beach, FL 33411-1468	-
		_
		-
		-
		_
		-
		-
(Use attachment if neces	sary)	
an effective date is listed, the odate of filing.)	her than the date of filing: July 23, 2015 (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9 block does not meet the applicable statutory filing requirements, this date will no	•
an effective date is listed, the of date of filing.) ote: If the date inserted in this	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	•
an effective date is listed, the date of filing.) te: If the date inserted in this is document's effective date on a TICLE VI: Other provisions, in	block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	•
an effective date is listed, the date of filing.) te: If the date inserted in this is document's effective date on the control of the date inserted in this is document's effective date on the document's effective date of the docum	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any.	•
an effective date is listed, the date of filing.) te: If the date inserted in this is document's effective date on TICLE VI: Other provisions, it REQUIRED SIGNATU	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE: Quanta May May Language and Cannot be more than five business days prior to or 9 State will not be partment of State's records.	ot be liste
an effective date is listed, the of date of filing.) ote: If the date inserted in this let document's effective date on stricked to the date inserted in this let document's effective date on stricked visions, in the document of the date of the d	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE: gnature of a member or an authorized representative of a member. Exament is executed in accordance with section 605.0203 (1) (b), Florida Statutes	ot be liste
an effective date is listed, the date of filing.) te: If the date inserted in this is document's effective date on TICLE VI: Other provisions, in REQUIRED SIGNATU Signature of the document	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE: Quanta May May Language and Cannot be more than five business days prior to or 9 State will not be partment of State's records.	ot be liste
an effective date is listed, the date of filing.) Ate: If the date inserted in this is document's effective date on the date. TICLE VI: Other provisions, in the date of the date of the date. REQUIRED SIGNATURES SIGNATURES AT This document is document.	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE:	ot be liste
an effective date is listed, the of date of filing.) ate: If the date inserted in this let document's effective date on stricked to the date inserted in this let document's effective date on stricked the document's effective date of the do	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. DRE: gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes are that any false information submitted in a document to the Department of State	ot be liste
an effective date is listed, the of date of filing.) ate: If the date inserted in this let document's effective date on stricked to the date inserted in this let document's effective date on stricked the document's effective date of the do	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE:	ot be liste
an effective date is listed, the date of filing.) ate: If the date inserted in this is document's effective date on stricked in this is document's effective date on stricked. REOUIRED SIGNATU Signature of the date inserted in this is document's effective date on stricked in the date in this document's effective date on stricked in the date in the da	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE: Grany. Grany. JRE: Grany. JRE: Grany. JRE: Grany. JRE: JRE:	ot be list
an effective date is listed, the of date of filing.) ote: If the date inserted in this is document's effective date on the effective date of the effectiv	block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any. JRE: Grany. JRE: Grany. JRE: Grany. JRE: JR	ot be liste

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

ARTICLE IV-