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| (Requestor's Name) | | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

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COVER LETTER

| | Registration Section Division of Corporations | | | | |
|---------------|---|-------------------|--|--|--|
| SUBJECT | OMODI Investments, LLC | | | | |
| SUBJECT | Name of | Limited Liabili | y Company | | |
| The enclos | sed Articles of Organization and fee(s) | are submitted | for filing. | | |
| Please retu | orn all correspondence concerning this | matter to the fo | ollowing: | | |
| | Marta Lajas | | | | |
| | | Name of | Person | | |
| | | Firm/Cor | npany | | |
| | 13224 Marsh Fern Dr | | | | |
| | - | Addre | SS | | |
| | Orlando FL 32828 | | | | |
| | ladylajas2@yahoo.com | City/State and | Zip Code | | |
| | E-mail address: (to be us | sed for future ar | nual report notification) | | |
| For further i | nformation concerning this matter, ple | ease call: | | | |
| | Marta Lajas | 407 | 432-3789 | | |
| | Name of Person | | Daytime Telephone Number | | |
| Enclosed i | s a check for the following amount: | | | | |
| \$125.00 F | iling Fee \$130.00 Filing Fee & Certificate of Status | Certifie | Stiling Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |]] (| Street Address New Filing Section Division of Corporations Clifton Building 1661 Executive Center Circle Fallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must er | nts, LLC | | |
|--|---|---|---|
| (ividst ci | d with the words "Limited Lia | bility Company | /, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and stree | t address of the principal office | e of the Limited | Liability Company is: |
| <u>Princ</u> | ipal Office Address: | | Mailing Address: |
| 13224 Marsh Fern | Drive | _132 | 24 Marsh Fern Drive |
| Orlando FL 32828 | | Orle | ando FL 32828 |
| ARTICLE III - Registered A The Limited Liability Compa another business entity with a | Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) | Registered Age | |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age | Registered Age | nt's Signature: |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Marta Lajas | Registered Age | nt's Signature: |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Marta Lajas | Registered Age gistered Agent. ent are: | nt's Signature: |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Marta Lajas Na | Registered Age gistered Agent. ent are: | nt's Signature: You must designate an individual o |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, & R ny cannot serve as its own Reg n active Florida registration.) et address of the registered age Marta Lajas Na 13224 Marsh Fern Dr | Registered Age gistered Agent. ent are: | nt's Signature: You must designate an individual o |

ıe 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)

Page 1 of 2

| Title: "AMBR" = Authorized "MGR" = Manager | Member | Name and Address: | |
|---|--|--|--------------------------|
| MOM | | | |
| <u>MGM</u> | | Marta Lajas 13224 Marsh Fern Dr Orlando FL 32828 | |
| MGM | | Orlando Lajas 13224 Marsh Fern Dr Orlando FL 32828 | |
| | | | |
| (Use attachment if neces | ssary) | | |
| (If an effective date is listed, the the date of filing.) | date must be specific an block does not meet the | d cannot be more than five business days applicable statutory filing requirements, the records. | prior to or 90 days afte |
| ARTICLE VI: Other provisions, i | fany. | | |
| REOUIRED SIGNAT | 1/1/ | (aia) | |
| This do | cument is executed in ac are that any false informa | r an authorized representative of a mem cordance with section 605.0203 (1) (b), Fla ation submitted in a document to the Depar as provided for in s.817.155, F.S. | orida Statutes. |
| _ | Marta Lajas | | |

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)