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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2016

JESSICA BADEAUX 959 MOONSLUSTER DRIVE CASSELBERRY, FL 32707

SUBJECT: ODD TEN LLC Ref. Number: W16000062826

We have received your document for ODD TEN 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):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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.

Matthew T Moon Regulatory Specialist II

Letter Number: 016A00019322

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COVER LETTER

TO:	Registration Section Division of Corporations	
CUD IF	Odd Ten	
SUBJE	Name of Limited Liabilit	ty Company
The enc	losed Articles of Organization and fee(s) are submitted	for filing.
Please r	eturn all correspondence concerning this matter to the fo	ollowing:
	Jessica Badeaux	<u>ට</u>
	Name of	Person
	Firm/Cor	npany
	959 Moonluster Drive	прану
	Addre	
	Casselberry, FL 32707	
	City/State and jessicabadeaux@ymail.com	l Zip Code
	E-mail address: (to be used for future a	nnual report notification)
For furthe	er information concerning this matter, please call:	
	Jessica Badeaux 407	739-1621
	Name of Person Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.00	Certificate of Status Certific	0 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Odd Ten LLC.					
(Must e	nd with the words "Limited	l Liability Company	v, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
959 Moonluster D	959 Moonluster Drive		Moonluster Drive .		
Casselberry, FL 3	2707	Cas	selberry, FL 32707		
ARTICLE III - Registered			nt's Signature: You must designate an individual or		
another business entity with a			Tou must designate an individual of		
and the capment of the control of th	an active Florida registratio	on.)			
·	-				
The name and the Florida stre	eet address of the registered			<u></u> ,	
·	-	l agent are:			
·	eet address of the registered	i agent are:		<u> </u>	
·	Jessica Badeaux 959 Moonluster Driv	l agent are: Name	ccentable)	5 SE 52 .	
·	eet address of the registered	l agent are: Name		15 SE 72	
·	Jessica Badeaux 959 Moonluster Driv Florida street addres Casselberry	l agent are: Name ve s (P.O. Box NOT a	32707	5 SE 52 .	
·	Jessica Badeaux 959 Moonluster Driv Florida street addres	l agent are: Name ve s (P.O. Box NOT a		15 SE 72	

(CONTINUED)

Page 1 of 2

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jessica Badeaux
	959 Moonluster Drive
	Casselberry, FL 32707
AMBR	Walter Ostlie
	959 Moonluster Drive
	Casselberry, FL 32707
	• *
	N-p
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date of filing.) ie: If the date inserted in this block does document's effective date on the Depart FICLE VI: Other provisions, if any.	s not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
DECUIDED CICNATURE	
REQUIRED SIGNATURE:	Anns
Signature of This document as a I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Signature of This document as a I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)