

L17000041110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

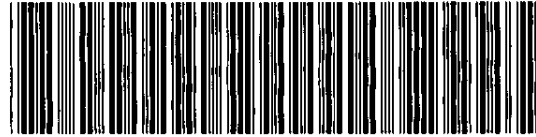
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300295789263

RECEIVED  
17 FEB 22 PM 4:33

FILED  
2017 FEB 22 PM 2:10  
TALLAHASSEE, FL  
SECRETARY OF STATE

C. GOLDEN

FEB 23 2017

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 2/22/17**

**NAME: ODS INVESTMENTS LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

---

FILED  
2017 FEB 22 PM 2:10  
TALLAHASSEE, FL  
RECEIVED

FILED

2017 FEB 22 PM 2:10

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

SECRET  
TALLAHASSEE, FL 32301

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

ODS INVESTMENTS LLC

**ARTICLE II      ADDRESS**

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

1523 LANTANA DRIVE

WESTON, FLORIDA 33326

**ARTICLE III      REGISTERED AGENT**

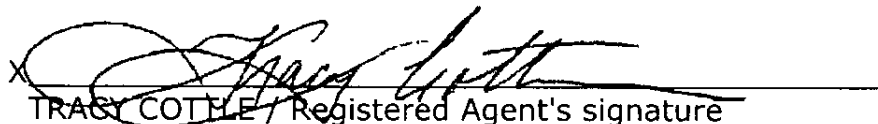
The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

*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.*

X   
TRACY COTTLE / Registered Agent's signature

PAGE 2 ODS INVESTMENTS LLC

**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
STEVEN BLUMAN  
1523 LANTANA DRIVE  
WESTON, FLORIDA 33326

AUTHORIZED MEMBER  
DANIEL BLUMAN  
1523 LANTANA DRIVE  
WESTON, FLORIDA 33326

AUTHORIZED MEMBER  
ORLY DORON  
1523 LANTANA DRIVE  
WESTON, FLORIDA 33326

X



STEVEN BLUMAN / Authorized Representative's signature

*(In accordance with section 605.0203 (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.)*

FILED  
2017 FEB 22 PM 2:10  
STATE OF FLORIDA  
TALLAHASSEE