

L17000087555

(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

N. SAMS

APR 20 2017



500297676835

04/18/17--01020--024 **125.00

Florida

FILED
17 MAR 18 AM 11:07
FBI - NEW YORK

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: OCTO PORTFOLIO HOLDINGS LLC

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:

MARSHA SIHA

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON TX 77064

City/State and Zip Code

EFILE1234@INCFE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

888

462-3453

at ()

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCTO PORTFOLIO HOLDINGS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

14232 SUMMER BREEZE DRIVE
JACKSONVILLE, FL 32218

Mailing Address:

14232 SUMMER BREEZE DRIVE
JACKSONVILLE, FL 32218

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:

LEGALINC CORPORATE SERVICES INC

Name

5237 SUMMERLIN COMMONS, STE 400

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

FORT MYERS

FL

33907

City

State

Zip

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..

Kyle Lavender

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:

See Attached.

17 MAR 18 AM 11:07

(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:

Marsha Siha

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MARSHA SIHA

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)

**STATE of FLORIDA
STATEMENT and RESIGNATION of the ORGANIZER
A LIMITED LIABILITY COMPANY**

The undersigned, the Organizer of OCTO PORTFOLIO HOLDINGS LLC, who signed and filed its Articles of Organization (or similar organizing document) with the Florida Secretary of State (or other appropriate state office), appoints the following individuals to serve as members of the limited liability company:

Name and address of each initial member:

AMBR BRODERICK JENKINS
14232 SUMMER BREEZE DRIVE,
JACKSONVILLE, FL 32218

AMBR ANDRE CRAWFORD
7740 SOUTHSIDE BLVD APT
603, JACKSONVILLE, FL 32256

AMBR ALONZO WILLIAMS
1550 DUNNS LAKE DRIVE EAST,
JACKSONVILLE, FL 32218

AMBR TERBARCE BAITY
11463 SUMMERVIEW CIR,
JACKSONVILLE, FL 32256

AMBR DEROD MOODY
14189 AMBER CREEK CT,
JACKSONVILLE, FL 32218

AMBR NANA BOATENG
1204 SOUTHERN STREAM
COURT, JACKSONVILLE, FL 32259

AMBR JARED PITTS
700 S HARBOUR ISLAND BLVD,
UNIT 709
TAMPA, FL 33602

AMBR SHELDON OSTON
601 SOUTH BREVARD ST
SAINT AUGUSTINE, FL 32084

FILED
17 MAR 18 AM 11:07
MAR 18 2017
CLERK OF COURT
JACKSONVILLE, FLORIDA

Additionally, the undersigned does hereby tender his/her resignation as Organizer for the LLC, and from any and all involvement with, control of, or authority over the LLC, real or perceived, effective immediately.

Dated: April 6th, 2017

Marsha Siha

Marsha Siha, Organizer