L11000261326

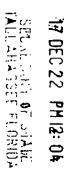
4		
(Req	uestor's Name)	
(Adda	ress)	
(Ãdd	ress)	
, (City/	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer;	·
'	J	
		-

Office Use Only



700306895107

12/22/17--01024--002 **130.00



N CULLIGANI DEC 2 6 2017

COVER LETTER

TO:	New Filing Section Division of Corporations	
CUD IE	ODEYAH'S PASSION, L.L.C.	
SUBJEC		Limited Liability Company
The encl	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this	matter to the following:
	Audrey E. Hoffman	
		Name of Person
	ODEYAH'S PASSION, L.L.C.	
		Firm/Company
	1057 Quesada Street SE	
		Address
	Palm Bay, Florida 32909	
	odeyahspassion@gmail.com	City/State and Zip Code
		sed for future annual report notification)
For furthe	er information concerning this matter, pl	ease call:
	Audrey E. Hoffman	305 542-1120
	Name of Person	Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:	
	Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ODEYAH'S PASSION				
(Must contai	n the words "Limited Lia	ibility Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal offic	ce of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1057 Quesada Street S	Е	1057	Ouesada Street SE	
Palm Bay, Florida 329		Palm	Bay, Florida 32909	
The Limited Liability Company c	annot serve as its own Re	egiste <mark>re</mark> d Agent. \		d or
The Limited Liability Company canother business entity with an ac	annot serve as its own Retive Florida registration.)	egistered Agent. \)		d or
The Limited Liability Company canother business entity with an ac	annot serve as its own Retive Florida registration.)	egistered Agent. \)		A (S) ₹
The Limited Liability Company canother business entity with an ac	annot serve as its own Restive Florida registration.) ddress of the registered ag Audrey E. Hoffman	egistered Agent. \) gent are:		or SECTION SECTION
The Limited Liability Company conother business entity with an ac	annot serve as its own Restive Florida registration.) ddress of the registered ag Audrey E. Hoffman	egistered Agent. \)		SECTION OF
The Limited Liability Company conother business entity with an ac	annot serve as its own Restive Florida registration.) ddress of the registered ag Audrey E. Hoffman	egistered Agent. \) gent are:		W DEC 22 SECOLAHASSI
The Limited Liability Company canother business entity with an ac	annot serve as its own Restive Florida registration.) ddress of the registered ag Audrey E. Hoffman	egistered Agent. \) gent are: Name	ou must designate an individua	NO DEC 22 PM SECTION AND SECTION
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	annot serve as its own Retive Florida registration.) ddress of the registered ag Audrey E. Hoffman N 1057 Quesada Street SE	egistered Agent. \\) gent are: Name P.O. Box NOT ac	ou must designate an individua	W DEC 22 PH SECOL AHASSEE

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Name and Address:

AMBR Audrey E. Hoffman 1057 Quesada Street SE Palm Bav, Florida 32909 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: ———————————————————————————————————	<u>Title:</u> "AMBR" = Authorized	Mamhar	Name and Address:	
Audrev E. Hoffman Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		MEHIDEI		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:			Audrey E. Hoffman	
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	ANIBR			
(Use attachment if necessary) E.V: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nent's effective date on the Department of State's records. E.VI: Other provisions, if any. 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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:			t diff. 17d (1 fortide 2 for 5	
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:				
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		,		
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				
EV: Effective date, if other than the date of filing:				-
EV: Effective date, if other than the date of filing:	(Use attachment if nece	ssarv)		
REQUIRED SIGNATURE: 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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		• /		
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. Audrey E. Hoffman Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	f filing.) the date inserted in this	block does not meet the	e applicable statutory filing requirements, this	
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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on	block does not meet the the Department of State	e applicable statutory filing requirements, this	
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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	block does not meet the the Department of State if any.	e applicable statutory filing requirements, this	
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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	block does not meet the the Department of State if any.	e applicable statutory filing requirements, this	
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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	block does not meet the the Department of State if any.	e applicable statutory filing requirements, this	
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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	block does not meet the the Department of State if any.	e applicable statutory filing requirements, this e's records.	date will not b
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. Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E V1: Other provisions,	block does not meet the the Department of State if any.	e applicable statutory filing requirements, this e's records.	date will not b
Audrey E. Hoffman Typed or printed name of signee Filling Fres: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions,	block does not meet the the Department of State if any.	e applicable statutory filing requirements, this e's records.	date will not b
Audrey E. Hoffman Typed or printed name of signee Filling Fres: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do	block does not meet the the Department of State if any. URE: Under C. Harding C. Harding a member of a member of cument is executed in a	e applicable statutory filing requirements, this e's records. Officeration of a member of	date will not b
Audrey E. Hoffman Typed or printed name of signee Filing Fres: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the the Department of State if any. URE: Lignature of a member of comment is executed in a vare that any false inform	e applicable statutory filing requirements, this e's records. Office of a member of a mem	date will not b
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	f filing.) the date inserted in this nent's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the the Department of State if any. URE: Lignature of a member of comment is executed in a vare that any false inform	e applicable statutory filing requirements, this e's records. Office of a member of a mem	er. ida Statutes. ient of State
Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffiling.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am aw constitu	block does not meet the the Department of State if any. BRE: Light S. Hard in a member of a member o	e applicable statutory filing requirements, this e's records. Office of a member of a mem	date will not be
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	ffiling.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am aw constitu	block does not meet the the Department of State if any. BRE: Light T. High the properties a third degree felony Audrey E. Hoffman	e applicable statutory filing requirements, this e's records. Office of a member of a mem	date will not be
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am aw constitute.	block does not meet the the Department of State if any. BRE: Light T. High the properties a third degree felony Audrey E. Hoffman	e applicable statutory filing requirements, this e's records. Office of a member of a mem	date will not be
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am aw constitute.	block does not meet the the Department of State if any. BRE: Light T. High the properties a third degree felony Audrey E. Hoffman	e applicable statutory filing requirements, this e's records. Of minimum or an authorized representative of a member accordance with section 605.0203 (1) (b), Florination submitted in a document to the Departmy as provided for in s.817.155, F.S.	date will not be
S 5.00 Certificate of Status (Optional)	f filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am aw constitu	if any. URE: ignature of a member of cument is executed in a vare that any false informates a third degree felony. Audrey E. Hoffman Type	e applicable statutory filing requirements, this e's records. Of Oncor or an authorized representative of a member accordance with section 605.0203 (1) (b), Florination submitted in a document to the Departmy as provided for in s.817.155, F.S. ed or printed name of signee Filing Frees:	date will not be remarked a Statutes. Sent of State
<u> </u>	of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am av constitute \$125.00 Filling Fee for	if any. URE: ignature of a member of cument is executed in a vare that any false informates a third degree felony. Audrey E. Hoffman Type T	e applicable statutory filing requirements, this e's records. Of Oncor or an authorized representative of a member accordance with section 605.0203 (1) (b), Florination submitted in a document to the Departmy as provided for in s.817.155, F.S. ed or printed name of signee Filing Frees:	date will not be remarked a Statutes. The remarked a Statutes. The remarked a Statutes.
	of filing.) the date inserted in this ment's effective date on E VI: Other provisions, REQUIRED SIGNAT S This do I am av constitute \$125.00 Filling Fee for \$30.00 Certified Co	if any. URE: ignature of a member of current is executed in a vare that any false informates a third degree felony Audrey E. Hoffman Type Or Articles of Organizatory (Optional)	e applicable statutory filing requirements, this e's records. Of Oncor or an authorized representative of a member accordance with section 605.0203 (1) (b), Florination submitted in a document to the Departmy as provided for in s.817.155, F.S. ed or printed name of signee Filing Frees:	date will not be remarked a Statutes. The remarked a Statutes. The remarked a Statutes.