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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	The Olasowo House of Publishing	and Production	s, LLC	
SUBJE		Limited Liabilit	y 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	ilowing:	
	Iya Orite Olasowo-Adefunmi			
		Name of I	Person	
	The Olasowo House of Publishing a	nd Productions	LLC	
		Firm/Cor	npany	
	2420 NW 185th Terrace, Suite 105			
		Addre	SS	
	Miami Garden, FL 33056			
	. 120	City/State and	Zip Code	
	iyaola7@gmail.com E-mail address: (to be us	sed for future ar	nual report notificati	ion)
For furthe	er information concerning this matter, ple		•	,
	Adeyinka Adefunmi	786	267-3067	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclose	d is a check for the following amount:			
□\$125	.00 Filing Fee S130.00 Filing Fee Certificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	livicion
	New Filing Section Division of Corporations	•	New Filing Section D The Centre of Tallah	assee
	P.O. Box 6327	2	2415 N. Monroe Stre	et. Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability Company is:			
• • •	ļ	•	
	_		
The Olasowo House of Publishing and Productions, Ll	LC		
(Must contain the words "Limited Liability C	Company, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address:			
The mailing address and street address of the principal office of the	ie Limited Liability	Company is:	
		36 97 411	
Pringipal Office Address:		Mailing Address:	
2426 2021 1054 75	2420 NW 185	th Terrace	
2420 NW 185th Terrace	Suite 105	Torraco	
Suite 105	Miami Garder	ns FL 33056	
Miami Gardens, FL 33056	Whathi Garder	13, 1 6 33030	
TO STATE OF THE ST		 	
ARTICLE III - Registered Agent, Registered Office, & Regist	ered Agent's Signa	sture: Ancienate an individual or	
(The Limited Liability Company cannot serve as its own Registers	ou Agent. For muse	designate an interview of	
another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are	e:		
Iya Orite Olasowo-Adefunmi	ļ	 	
Name			
Name			
2420 NW 185th Terrace, #105	;		
Florida street address (P.O. B		1	
Piorida succi addiess (1.0. B	OX MY acceptable	<u>'</u>	
Miami Gardens FL		33056	
 -		Zip	
City Sta	ne	Zails	
and the second s	am for the above of	l Josed limited liability compa	inv at the
laving been named as registered agent and to accept service of pro- lace-lesignated in this certificate, I hereby accept the appointment	as registered count	and agree to act in this can	acity. 1
lace designated in this certificate, I hereby accept the appointment of the appointment o	the proper and com	plete performance of niv du	tties, and I
irther agree to comply with the provisions of all statutes relating to m familiar with and accept the obligations of my position as registe	red agent as provid	ed for in Chapter 605, F.S.	
m Jamiliar with and accept the obligations of my position as registe	rett agent an pro		
1 1	m	110 . 1	Sinakha
Juga Orite	Chasain	HARACIMI &	Signature
Registered Age	ent's Signature (REC	DUIRED)	<i>i</i>
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ARTICLE IV-

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

the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. EVI: Other provisions, if any.	Title:	Name and Address:
MGR Adevinka Adefunmi 640 NE 86th Street Miami, FL 33138 MGR Adebisi Adefunmi 100 NW 9th Terrace. Act. 407 Hallandale Beach, FL 33009 MGR Kip Brown-Olasowo 2420 NW 185th Terrace, Suite 105 Miami Gardens, FL 33056 MGR Segi Small-Olasowo 433 Pine Ridge Rd. Petersburg, VA 23805 Use attachment if necessary) E.V. Effective date, if other than the date of filing: (OPTIONAL) City edate is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bent's effective date on the Department of State's records. E.V.: Other provisions, if any. 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. Iva Orite Olasowo-Adefunmi. Registered Agent Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)		
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AUTHORIZED REPRESENTATIVE FOR OLASOWO HOUSE OF PUBLISHING AND PRODUCTIONS, LLC

Authorized Representative

Jeanette Stephens-El aka Raining Deer Harjo 74 NW 51st Street

Miami, FL 33127