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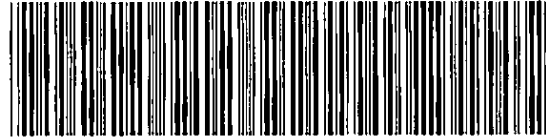
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**COVER LETTER**

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

**SUBJECT:** The Olosowo House of Publishing and Productions, 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:

Iya Orite Olosowo-Adefunmi

Name of Person

The Olosowo House of Publishing and Productions, LLC

Firm/Company

2420 NW 185th Terrace, Suite 105

Address

Miami Garden, FL 33056

City/State and Zip Code

iyaola7@gmail.com

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

For further information concerning this matter, please call:

Adeyinka Adefunmi

786

267-3067

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Olasowo House of Publishing and Productions, 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:

2420 NW 185th Terrace

Suite 105

Miami Gardens, FL 33056

Mailing Address:

2420 NW 185th Terrace

Suite 105

Miami Gardens, FL 33056

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:

Iya Orite Olasowo-Adefunmi

Name

2420 NW 185th Terrace, #105

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

Miami Gardens

FL

33056

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.

Iya Orite Olasowo-Adefunmi

Registered Agent's Signature (REQUIRED)

Signature

(CONTINUED)

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**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:**

MGR

Adevinka Adefunmi

640 NE 86th Street

Miami, FL 33138

MGR

Adebisi Adefunmi

100 NW 9th Terrace, Apt. 407

Hallandale Beach, FL 33009

MGR

Kim 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)

**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:**

Iva Orite Olasowo - Adefunmi

**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

**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)**

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SECRETARY OF STATE  
TALLAHASSEE, FL

**AUTHORIZED REPRESENTATIVE FOR  
OLASOWO HOUSE OF PUBLISHING AND PRODUCTIONS, LLC**

Authorized Representative

Jeanette Stephens-El aka Raining Deer Harjo  
74 NW 51<sup>st</sup> Street  
Miami, FL 33127