# 122000 422387

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	- #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only

T. SCOTT SEP 3 0 2022



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CLUSE AND YOR VIDEO FRANCHISING DIVISION OF CURPORATIONS TALL AHASSEE, FLORIDA





#### COVERLETTER

TO: New Filing Division o	Section Corporations		
SUBJECT: Odyss			
		lesulting Florida I	.imited Company)
The enclosed Artic Business Entity" in	les of Conversion A	ومعتاسات	zation, and fees are submitted to convert an "Other pany" in accordance with s. 605.1045, F.S.
Please return all co	rrespondence concerni	ng this matter	to:
Barry E. Haimo, Esq			
Haimo Law	(Contact Person)		<del></del>
	(Firm/Company)	<del></del>	<u></u>
8201 Peters Road, S			
	(Address)		
Plantation, Fl 33324			
DOC@haimolaw.com	(City, State and Zip Code)		<del></del> .
	be used for future annual r	eport natifications	
	ion concerning this ma		
Barry E. Haimo		ut (	599-7483
(Name of Con-	tact Person)		de) (Daytime Telephone Number)
Enclosed is a check dollars and drawn or	for the following amorn a bank located in the	int: (All cheek	Suprana and hands 199
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□S155.00 Filing Fees and Certificate of Status	□\$180,00 Fib and Certified C	ng Fees
Mailing Add New Filing S Division of C P.O. Box 63: Tallahassee,	iection `orporations 27		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### Articles of Conversion

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes

	Other Business Entity)
2. The "Other Business Entity" is a Corporatio	
(Enter entity type: Example: corporation	n, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under	the laws of Florida
1/26/1996	(Enter state, or if a non-U.S, entity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability (	Company as set forth in the attached Articles of Organization:
Odyssey Marketing LLC	and sections in the attached Articles of Organization:
(Enter Name of Florida Lir	mited Liability Company
he date this document is filed by the Florida fote: It the date inserted in this block does not meet the ocument's effective date on the Department of State's r The plan of conversion has been approved in	e applicable statutory filing requirements, this date will not be listed as the records.
<ul> <li>The "Converted or Other Business Entity" has which such members are entitled under ss. 605</li> </ul>	agreed to pay any members having appraisal rights the amount to 5.1006 and 605.1061-605.1072. F.S.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the	ame:		
the name of the	Limited Liability C	Company is:	
Odyssey Marketin	gLLC		
		Limited Liability Company, "L.I.,C.," or "LI,C."	
		company, think, or "ELC."	`}
The mailing addr	Address:		
	eas and street addre	ess of the principal office of the Limi	ited Liability Company is:
Principal Office	Address:		, and the second
		Mailing Address:	
20855 NE 16th Ave	<del>}</del>	20855 NE 16th Ave	
Miami, Florida 331	70	C-4	
		Miami, Florida 33179	
a seminary with the	active l'Iorida registration		n individual or another
The state of the s	Fiorida street addre	ess of the registered agent are:	
	Bert Alexander Inc		
		Name	
	4871 SW 74th Terra	72.00	
		dress (P.O. Box NOT acceptable)	
	Miami	FL <sup>33143</sup>	
	Cit		
H 1		- Cip	
	nea as registered ag any at the place des	gent and to accept service of process for signated in this certificate, I hereby act this capacity. I further among to	cept the appointment as
regisiered ageni o statutes relating	to the proper and	and a state of complete to complete to complete	ly with the provisions of all
regisiered ageni o statutes relating	to the proper and	this capacity. I further agree to complete performance of my duties, at the as registered agent as provided for	ly with the provisions of all
regisiered ageni o statutes relating	to the proper and c ligations of my posit	complete performance of my duties, at the as registered agent as provided for	ly with the provisions of all not familiar with and or in Chapter 605, F.S.,
regisiered ageni o statutes relating	to the proper and c ligations of my posit	and a state of complete to complete to complete	ly with the provisions of all not familiar with and or in Chapter 605, F.S.,
regisiered ageni o statutes relating	to the proper and c ligations of my posit	complete performance of my duties, at the as registered agent as provided for	ly with the provisions of all not familiar with and or in Chapter 605, F.S.,
regisiered ageni o statutes relating	to the proper and a ligations of my position of my positions of my position of the Registered Age	complete performance of my duties, at the as registered agent as provided for	ty with the provisions of all am familiar with and for in Chapter 605, F.S.  1012 SEP 16  TALLAHASSE
regisiered ageni o statutes relating	to the proper and a ligations of my position of my positions of my position of the Registered Age	complete performance of my duties, and the segment as provided for the segment as provided for the segment is Signature (REQUIRED)	ty with the provisions of all am familiar with and for in Chapter 605, F.S.  2021 SEP 16 AM SEP 16 AM SEE: AND
regisiered ageni o statutes relating	to the proper and a ligations of my position of my positions of my position of the Registered Age	complete performance of my duties, and the segment as provided for the segment as provided for the segment is Signature (REQUIRED)	ty with the provisions of all am familiar with and familiar with and for in Chapter 605, F.S.  2021 SEP 16 AH    Control of CORPORE  TALLAHASSEE, FL
regisiered ageni o statutes relating	to the proper and a ligations of my position of my positions of my position of the Registered Age	complete performance of my duties, and the segment as provided for the segment as provided for the segment is Signature (REQUIRED)	ty with the provisions of all am familiar with and for in Chapter 605, F.S.  1012 SEP 16  TALLAHASSE

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		٧. L	T'.	1 V .

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	
MGK	Steven Irigoyen
	20855 NE 16th Ave., C-4
	Miami, Florida 33179
MGR	
	Michael Irigoyen
	1536 Rosada Way
	Ft. Myers, Florida 33901
MGR	
TWO!	Natalie Irigoyen
	778 NE 82 Terrace
	Miami, Florida 33138
MGR	
WOK.	Jonathan Irigoyen
	20855 NE 16th Ave., C-4
	Miami, Florida 33179
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
SIGNATURE:	

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.

Steven Irigoyen

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)

Signed this 15 day of AUG	2022
Signature of Authorized Representative of Li	imited Liability Company
Simparum of Viole 1 or	Company,
Signature of Authorized Representative:	<u> </u>
Printed Name:	Title:
Signature(s) on behalf of Oak	
Signature(s) on behalf of Other Business Entity	2 [See below for required signature(s)]
Signature: ( ))	
Printed Name: Steven Irigoyen	The Paris
	little: Ulrector
Signature: michael isigoyen	
Printed Name; Michael Irigover	Tisle: Director
Signature: michael isigoyen Printed Name: Michael Irigoyen Signature: Xilliali I III	Title: Divotor
Printed Name: Natalie Irigoyen	
Trinted Name; Natalle Ingoyen	Title: Director
Signature:	
Printed Name Perman Irigoyen	
- Ingoyen	Title: Director
Signature: Printed Name:	
Printed Name:	The
	rme:
Signature: Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or If Directors of Officers have	
If Directors or Officers have not been selected, an Ir	Officer.
an II	acorporator must sign.
If Florida General Partnership or Limited Linkin	iter Daniel L.
If Florida General Partnership or Limited Linhil Signature of one General Partner.	ity Partnership:
comment one Scheral Partner.	
If Florida Limited Partnership or Limited Links	
If Florida Limited Partnership or Limited Links	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Sees:  Articles of Conversion:	
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.  All others: Signature of an authorized person.  Sees:  Articles of Conversion: Fees for Florida Articles of Organization:	S25.00 \$125.00
	ity Limited Partnership: