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2022: " ] | AH 10: 48

October 20, 2022

BILLIE ODOR 6645 SUMMER HAVEN DRIVE RIVERVIEW, FL 33578

SUBJECT: BILLIE ODOR, LLC Ref. Number: W22000132655

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 422A00023512

2022 NOV 31 PN 12: 42
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Billie Odor, L	LC		
(Mu	st contain the words "Limited Liab	ility Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and s	street address of the principal office	of the Limi	ted Liability Company is:
· <u>F</u>	rincipal Office Address:		Mailing Address:
6645 Summer	Haven Dr., Riverview, FL 33578	6	645 Summer Haven Dr., Riverview, FL 33
The Limited Liability Co	ed Agent, Registered Office, & R mpany cannot serve as its own Reg ith an active Florida registration.)	egistered A	
The Limited Liability Co nother business entity w	mpany cannot serve as its own Reg ith an active Florida registration.) street address of the registered age:	egistered A	gent's Signature:
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The Limited Liability Co nother business entity w	mpany cannot serve as its own Regith an active Florida registration.)  street address of the registered age  Billie Odor  Na  6645 Summer Haven Driv	egistered A istered Agen nt are:	gent's Signature: nt. You must designate an individual or

Flaving 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	
MGRM	Billie Odor
	6645 Summer Haven Drive
	Riverview, FL 33578
<del></del>	
Use attachment if necessary)	
V: Effective date, if other than the date tive date is listed, the date must be s filing.)	te of filing: January 1, 2023 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
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