L23 UUUP 104454

(Red	questor's Name)	
(Ado	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to 1	Filing Officer:	

Office Use Only

T. SCOTT
MAR - 7 2023



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COVER LETTER

TO:	New Filing Sec Division of Coo			'•	. •
		CONSULTING LLC		٠.	
SUBJE	СТ:		imited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s)	are submitted	for filing.	
		ondence concerning this			
	Mark Robert	ıs			
			Name of	Person	
	Oozbaa Con	sulting LLC			
			Firm/Co	mpany	
	420 Mango	Ave			
			Addr	ess	
	Goodland, F	1, 34140			
	oozbaa(ajgma	il.com	City/State an	d Zip Code	
		E-mail address: (to be us	ed for future a	unual report notificat	ion)
For furths	er information co	ncerning this matter, plea	ase call:		
	Mark Robert		609	751-4379	
	Nam	ue of Person	Area Code		ne Number
Enclose	d is a check for t	he following amount:			
□\$125	.00 Filing Fee	■\$130,00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address New Filing Section ()	ivision

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	•
Oozbaa Consulting LLC	
(Must contain the words "Limited Liabi	lity 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:	Mailing Address:
Onzbaa Consulting LLC	Oozbaa Consulting LLC
420 Mango Ave	PO Box 324
Goodland, FL 34140	Goodland, FL 34140

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:

Goodland, Fl. 34140

	Name	
420 Mango Aye		
Florida street addres	is (P.O, Box <u>NOT</u> ac	cceptable)
Gustland	FL	34140

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" ≠ Manager	
AMBR	Mark Roberts
	420 Mango Ave Goodland, FL 34140
	Crowdiand, 1 C. Crowd
<u></u>	
(Use attachment if necessary)	
•	
E V: Effective date, if other than the da	ate of filing:
ective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 (
ective date is listed, the date must be of of filing.)	•
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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)

MARK ROBERTS 420 MANGO AUS 600DLAND, FL 34140

P. 609-751-4379